



Exploring Infant-Practitioner Relationships in Out-of-Home Care: Towards an Infant-Led Praxis in Child Protection

Kemble, Robyn

<https://research.usc.edu.au/esploro/outputs/doctoral/Exploring-Infant-Practitioner-Relationships-in-Out-of-Home-Care/991146539702621/filesAndLinks?index=0>

Kemble, R. (2025). Exploring Infant-Practitioner Relationships in Out-of-Home Care: Towards an Infant-Led Praxis in Child Protection [University of the Sunshine Coast, Queensland]. <https://doi.org/10.25907/00946>
Document Type: Thesis



Exploring Infant-Practitioner Relationships in
Out-of-Home Care:
Towards an Infant-Led Praxis in Child Protection

Robyn Adele Kemble

Bachelor of Social Work

Masters of Mental Health (Perinatal and Infant)

A thesis submitted for the degree of Doctor of Philosophy at
The University of the Sunshine Coast in 2024

Doctor of Philosophy: Social Work

School of Law & Society

Abstract

Infants, due to their developmental stage, are entirely reliant on adults for their care, safety, and protection, making them more vulnerable to abuse and neglect than older children. Australian and international data highlight the growing number of infants coming into contact with child protection services and entering out-of-home care (OOHC). Despite research on child protection practice, limited attention has been given to the relational dynamics between organisations, practitioners, and infants, particularly regarding how these relationships impact care quality and outcomes.

This study addresses this gap through semi-structured interviews with 15 child protection practitioners, exploring how they sustain an ‘infant focus’ in their work. It investigates how practitioners cognitively and emotionally ‘hold the infant in mind’ while navigating the complex demands of statutory systems. Framed through a critical Feminist Relational and Infant-Led lens, the study identifies key themes of engagement, attunement, and relational practice as essential to improving outcomes in high-risk environments.

Findings highlight both organisational and relational factors that support—or hinder—practitioners’ capacity to attune to infants. Many organisations lack the structural and emotional conditions needed to deliver trauma-informed, infant-sensitive care. The study proposes infant-led strategies to inform and strengthen frontline practice.

Ultimately, this research argues for a relationship-based, trauma-informed model of child protection, grounded in the complex interconnections between infants, practitioners, and organisational systems. Centring the infant’s perspective presents a relational framework for systemic change to better meet the needs of infants in OOHC.

Declaration by Author

This thesis is composed of my original work and contains no material previously published or written by another person except where due reference has been made in the text.

I have clearly stated the contributions of others to my thesis as a whole, including statistical assistance, survey design, data analysis, significant technical procedures, professional editorial advice, financial support, and any other original research work used or reported in my thesis. The content of my thesis is the result of work I have carried out since the commencement of my higher degree by research candidature and does not include a substantial part of work that has been submitted to qualify for the award of any other degree or diploma in any university or other tertiary institution. I have clearly stated which parts of my thesis, if any, have been submitted to qualify for another award.

I acknowledge that an electronic copy of my thesis must be lodged with the University Library and, subject to the policy and procedures of The University of the Sunshine Coast, the thesis be made available for research and study in accordance with the Copyright Act 1968 unless a period of embargo has been approved by the Dean of Graduate Research.

I acknowledge that the copyright of all material contained in my thesis resides with that material's copyright holder(s). Where appropriate, I have obtained copyright permission from the copyright holder to reproduce material in this thesis and have sought permission from co-authors for any jointly authored works included in the thesis.

I further acknowledge that I used OpenAI's ChatGPT to support the development of ideas, generate suggestions for wording, and provide reference formatting assistance in drafting this thesis. I would also like to acknowledge the use of Grammarly for assistance in grammar and clarity during the writing of this thesis.

Publications included in this thesis

“No publications included”

Submitted manuscripts included in this thesis

“No manuscripts submitted for publication”.

Other publications during candidature

Conference Presentation

Kemble, R. (2024, June). *The Practitioner’s Relationship With the Infant in or at Risk of Being in Out of Home Care*. Paper presented at the 10th International Conference on Social Work in Health and Mental Health (ICSWHMH), Melbourne, Australia.

Contributions by others to the thesis

“No contributions by others”.

Statement of parts of the thesis submitted to qualify for the award of another degree

“No works submitted towards another degree have been included in this thesis”.

Research Involving Human or Animal Subjects

The research presented in this thesis was conducted in accordance with the National Health and Medical Research Council (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)* (National Statement (2007), and as updated (2018), made in accordance with the *National Health and Medical Research Council Act 1992*.

The proposed research methodology for this study received approval from the University of the Sunshine Coast (UniSC), with the relevant committee for research involving human subjects, the Human Research Ethics Committee (HREC). Ethics Approval Number: **S211550**.

A copy of the ethics approval letter can be found in *Appendix 1*.

The research ethics application for this study was also submitted to Anglicare SQ for approval to approach their employees to recruit participants. Approval for this can be found in *Appendix 5*.

Acknowledgements

I would first like to thank the practitioners who participated in this research. Your generous contributions — drawn from the heart of your work — have made this thesis possible. Without child protection practitioners, we would not have the eyes, ears, and hearts to hold infants safely in mind.

To my supervisors: thank you for your wisdom, guidance, and unwavering belief in this project. My sincerest thanks go to Dr Dyann Ross, who first encouraged me to stretch my research mind. Dr Peter Innes, thank you for guiding me through the world of methodology and coding. Dr Fiona Oates, your groundedness and moral support came when I needed it most. And to Dr Tina Lathouras, thank you for your dedication in the final stretch — your care and clarity helped bring my ideas into sharper focus.

To my professional colleagues and friends, thank you for walking alongside me. To Dr Shirley Ledger, Dr Mark Pearson, and Dr Helen Wilson, your support and wisdom shaped this journey's early and ongoing stages. Special thanks to Dr Stephen Heimans, who reminded me to love what I was researching — advice that stayed with me through every difficult turn. I did and still do.

Finally, to my family — the steady heartbeat behind this work. To my husband, John — this thesis would not exist without you. You walked with me through every chapter, every doubt, every late-night tangle of words. You read my drafts when I could not bear to look at them anymore, caught the small things I missed, and held our home — and me — together. Your quiet strength, belief in me, and unwavering patience have meant more than I can say.

To my children — Abby, Harry, George, and Joseph — thank you for enduring my distractions without complaint and grounding me with your love. You are my heart and soul.

To my Mum — your daily presence, generosity, and steadfast support have carried me more than you know.

This PhD is dedicated to my family — with love, gratitude, and all my heart.

Financial support

This research was supported by an Australian Government Research Training Program Scholarship.

Financial support was supplied as part of my candidature to present my research at the 10th International Conference on Social Work in Health and Mental Health, Melbourne Australia, November 2024.

Keywords

infant-led practice, child protection, out-of-home care (OOHC), feminist relational theory, critical systemic intersubjectivity (CSI), reflective practice, relational ethics, ethic of care, trauma-informed practice, politics of care.

Australian and New Zealand Standard Research Classifications (ANZSRC)

ANZSRC code: 160702; Counselling, Welfare and Community Services

Fields of Research (FoR) Classification

FoR code: 0607; Social Work

Table of Contents

Abstract	ii
Declaration by Author	iii
Research Involving Human or Animal Subjects.....	v
Acknowledgements.....	vi
Table of Contents	ix
List of Figures and Tables.....	xiii
List of Abbreviations.....	xiv
Chapter One: Introduction: Holding the Infant in Mind.....	1
1.1 Chapter Overview	1
1.2 Research Background.....	1
1.3 The Research Aim and Questions	4
1.3.1 The main research question:.....	4
1.3.2 The sub-questions:	4
1.4 Contribution to the field	5
1.5 Glossary of Terms.....	6
1.6 Research Approaches	7
1.6.1 Critical Theory and Feminist Relational Foundations	8
1.6.2 Researcher Reflexivity	9
1.6.3 Infant-led Methodology	9
1.6.4 Feminist Relational Practice in Action.....	10
1.7 Ethics	12
1.8 Research Analysis.....	12
1.9 My Relationship to the Research.....	13
1.10 Thesis Structure	15
1.11 Chapter Conclusion	17
Chapter Two: Literature Review	18
2.1 Chapter Overview	18
2.2. The Infant.....	19
2.2.1 The Infant in OOHC	19
2.2.2 Born into Care	21
2.2.3 Aboriginal and Torres Strait Islander Infants	22
2.2.4 Infant Mental Health.....	24
2.3 Theories that Inform Infant Mental Health	24

2.3.1 Theories of Mind	25
2.3.2 The Attachment Discourse	26
2.3.3 Critiques of the Attachment Discourse	27
2.3.4 Mentalisation and Attunement	31
2.3.5 Object Relations Theory	33
2.3.6 Intersubjectivity – The Space In-Between	33
2.3.7 Intersubjective Systems	34
2.3.8 Critical Subject Intersubjectivity	35
2.3.9 Feminist Relational Theory (FRT)	37
2.3.10 Theoretical Integration: Feminist Relational and Infant-Led Approaches	38
2.4 The Practitioner	39
2.4.1 The Child Protection Practitioner	39
2.4.2 Challenges in Practice	41
2.4.3 Trauma and the Practitioner	42
2.4.4 Best Interests of the Child and Decision-Making	43
2.4.5 Reflective Practice Supervision	45
2.5 Organisational Contexts	46
2.5.1 The Changing Contexts of Child Protection Practice	47
2.5.2 Challenges in the Child Protection System	48
2.5.3 Infant-led Organisations	51
2.6 Implications for Research	53
2.7 Chapter Conclusion	54
Chapter Three: Methodology	56
3.1 Chapter Overview	56
3.2 Philosophical Foundations	56
3.2.1 Ontology: A Relational View of the Social World	56
3.2.2 Epistemology: Critical and Feminist Relational Knowledge	56
3.2.3 Methodology: Interpretivist, Critical, and Infant-Led	57
3.2.4 Reflexivity of the Researcher	58
3.2.5 Infant-Led Research Methodology	58
3.2.6 Holding the Infant in Mind Through Narrative Interviewing	59
3.2.7 Infant Observation as a Methodological Influence	60
3.2.8 Reflective Practice as Method and Model	60
3.2.9 Conceptual Framework	61
3.3 Position of the Researcher	62

3.4 Participants	63
3.4.1 Recruitment of participants	63
3.4.2 Consent	64
3.4.3 Participant Care	64
3.4.4 Participants overview	65
3.5 Qualitative Research Design	72
3.6 Data Collection Methods	72
3.6.1 Semi-structured in-depth interviews	73
3.6.2 Reflexive Journaling	73
3.6.3 Data Collection	74
3.7 Reflexive Thematic Analysis	75
3.7.1 Constructing Themes	75
3.7.2 Discussion Framework	77
3.8 Limitations in the Research Design	77
3.9 Chapter Conclusion	78
Chapter Four	80
4.1 Chapter Overview	80
4.2 Review of Underlying Philosophical Approaches	81
4.3 The Themes	82
4.4 Seeing the infant	84
4.5 Hearing the infant	91
4.6 Experiencing the Infant	95
4.7 Responding to the Infant	98
4.8 Chapter Conclusions	104
Chapter Five	106
5.1 Chapter Overview	106
5.2 Themes	107
5.3 Holding the Infant in Practice	108
5.4 Becoming a Practitioner	112
5.5 Feeling Held or Defended at Work	116
5.6 Integrity in the System	121
5.7 Chapter Conclusion	124
Chapter Six	126
6.1 Chapter Overview	126
6.2 The Themes	126

6.3 Who Holds the Helper?.....	128
6.4 A Culture of Care.....	130
6.4.1 Relational Ways of Being: First Nations Perspectives on Care	132
6.5 Systemic State of Mind	133
6.5.1 The Vulnerability Parallel	134
6.6 Systems of Care.....	136
6.7 Chapter Conclusion	138
Chapter Seven: Discussion.....	140
7.1 Chapter Overview	140
7.2 Summary of the Findings Chapters.....	141
7.2.1 Chapter Four – The Infant	141
7.2.2 Chapter Five – The Practitioner	141
7.2.3 Chapter Six – The Organisation	142
7.3 Discussion Introduction	143
7.4 Privileging the Infant’s Voice	144
7.5 Framing the Discussion: A Feminist Relational Analysis.....	145
7.6 Holding and Being Held: Relational Embodiment in the System	146
7.7 Protection as Relationship: Holding, Risk, and Power.....	148
7.7.1 Politics of Protection	149
7.7.2 The Role of the Practitioner	152
7.7.3 Holding Mothers and Infants in the System	154
7.8 Heart and Soul in Relational Practice	157
7.8.1 Vulnerability in the System	158
7.8.2 Crisis of Integrity	160
7.8.3 Being With the Infant to Know Their Internal World.....	162
7.9 Concluding Statement	164
7.10 Limitations	165
7.11 Moving Forward: Recommendations and Future Directions	166
7.11.1 Key Priorities for Practice, Policy, and Organisational Culture	167
7.11.2 Future Research Directions.....	168
7.12 A Call to Action.....	169
7.13 Conclusion: Toward an Infant-Led Praxis in Child Protection	171
7.14 One Infant’s Voice: A Poem	172
References	175
Appendix 1: Human Research Ethics Approval	213

Appendix 2: Research Project Information Sheet	215
Appendix 3: Informed Consent	218
Appendix 4: Prompt Interview Questions.....	219
Appendix 5: Anglicare Consent	220
Appendix 6: AASW Website Advertisement	221
Appendix 7: Parallel Process Model	222
Appendix 8: All Codes Pie Chart	223

List of Figures and Tables

Figure 2.1: <i>The Critical Systemic Intersubjective (CSI) framework</i>	38
Table 3.4.4.1: <i>Matrix of Interview Participants</i>	68
Figure 4.1: <i>The Infant Codes</i>	88
Figure 5.1: <i>The Practitioner Codes</i>	114
Figure 6.1: <i>The Organisational Codes</i>	135

List of Abbreviations

Abbreviation	Meaning
AASW	Australian Association of Social Workers
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ANZSRC	Australian and New Zealand Standard Research Classification
COVID	Coronavirus Disease
CRC	Convention on the Rights of the Child
CSI	Critical Systemic Intersubjectivity
CSO	Child Safety Officer
CSPM	Child Safety Practice Manual
DCSSD	Department of Child Safety, Seniors and Disability
DCSSDS	Department of Child Safety, Seniors and Disability Services
FRT	Feminist Relational Theory
HREC	Human Research Ethics Committee
HREOC	Human Rights and Equal Opportunity Commission
IMH	Infant Mental Health
NHMRC	National Health and Medical Research Council
OOHC	Out-of-home Care
RTA	Reflexive Thematic Analysis
SNAICC	Secretariat of National Aboriginal and Islander Child Care
UK	United Kingdom
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USC	University of the Sunshine Coast
WAIMH	World Association for Infant Mental Health

Chapter One: Introduction: Holding the Infant in Mind

1.1 Chapter Overview

This thesis presents a qualitative investigation of child protection practitioners, the organisations, and how they 'hold the infant in mind' in their practice. The chapter summarises the background, context, and significance of the research. The research question and aims are then introduced, followed by a brief description of the methodology I used throughout the research. Finally, I address my position as the researcher, explain terms commonly used throughout the thesis and outline the thesis structure to conclude this chapter.

1.2 Research Background

National child protection data defines an increasing number of infants entering out-of-home care (Australian Institute of Health and Welfare (AIHW), 2024). Out-of-home care (OOHC) is a system of care that encompasses short to long-term foster care or kinship care arrangements for children who have been removed from their families due to evidence of severe neglect, cumulative harm, or life-threatening risks (Queensland Government, 2019). Across Australia in 2022 - 23, infants (< 1) were more likely than older children to have received child protection services (AIHW, 2024). Within this infant cohort, the over-representation of Aboriginal and Torres Strait Islander infants involved in child protection has been extensively reported, with Indigenous infants being removed from their families at ten times the rate of non-Indigenous infants (AIHW, 2024; O'Donnell et al., 2019).

These statistics invite increased attention to specific policies and procedures that support the national emphasis on early interventions that aim to improve longer-term health and mental health outcomes for infants in OOHC (DCSYW, 2019). During the critical first 1001 days of life, over one million new brain connections are formed every second (Centre on the Developing Child, 2017), highlighting the urgency of intervention. The United Nations (UN) Charter on the Rights of the Child states that all children have the right to be protected from harm and to have a say in things that affect their lives, including research (UN, 1989). Because of the rapid brain development throughout infancy, it is critical to

guarantee that infants' and children's rights are protected, not just regarding their safety, but also by respecting their ability to contribute to choices affecting them.

Considerable research in the field of infants in OOHC recognises the culmination of toxic stress through neglect and harm (Shonkoff, 2015). There is a clear trajectory of concerns that affect both physical and mental health development, along with the infant's capacity to negotiate relationships (Zeanah & Gleason, 2021). When harm requires the intervention of child protection authorities, there are already ruptured relationships, and as such, repairing relationships becomes central to intervention (McIntosh, 2008; Cooper, Hoffman & Powell, 2013). Increasingly, research has explored the role of child protection Practitioners (practitioners) within child protection Systems (organisations) and the challenges they must address (Ferguson, 2017; Gillingham, 2017; Hunt et al., 2016).

There are many complexities when considering the practitioner's challenges within the organisation and in interactions with families, carers, and non-government departments (Ferguson, 2017). Research establishes that practitioners face increasing challenges within their roles (Gillingham, 2017; Hunt et al., 2016; Shea, 2019). Gillingham (2017) highlighted in his research that practitioners have a compromised capacity to respond due to high caseloads, limited skill development opportunities and increased responsibilities around decision-making. Hunt et al. (2016) explored the diminishing levels of practical, day-to-day support available to practitioners, including access to supervision, training, and organisational resources needed to perform their roles effectively.

Furthermore, Shea (2019) highlighted the limited availability of supportive, reflective supervision and ongoing education for practitioners, which are constraints that inevitably impact their capacity to provide the focused, attuned care that infants in OOHC need. When practitioners are overburdened with large caseloads, poor skill development, and insufficient practical support, the quality of their interactions with newborns may decline, jeopardising the infant's development and well-being. Without sufficient supervision and reflective practice, practitioners may struggle to fully evaluate an infant's particular requirements, jeopardising the efficacy of interventions during this key developmental phase. This underlines a key motivation for this research.

Limited research has been undertaken in Australia and internationally concerning the relationship practices between the organisation, the practitioner, and the infant in

OOHC. Ruch et al. (2018) highlighted the importance of relationship-based practice and acknowledged the case-specific experience. By attending to relationship-based practice, the practitioner can participate in the distinctiveness of the individual's situation and the diverse knowledge base vital to making sense of complex, unpredictable problems (Ruch et al., 2020). Moreover, complex reflective management practices are enabled by reflective organisations that embrace diverse knowledge foundations, encourage relationship-based skills, and are value-reflective practices, required by practitioners and management alike (O'Sullivan, 2019; Ruch et al., 2020; Shea, 2018).

The infant in OOHC presents as the most vulnerable and requires special attention and care within the organisation. While this research seeks to be infant-led and is invested in improving care for the infant in OOHC, to achieve this, the central focus is on the practitioner and their practice experience with infants. The research will draw from feminist relational critical theory (defined below) to explore the practitioners' practice and relationships and understand how they are affected by the organisation. Many researchers have identified deficits in the quality of relationships in practice in child protection (Featherstone, Morris & Warner, 2018; Goddard & Hunt, 2011; Healy, 2011; Lonne, Harries & Lantz, 2012).

Ferguson (2016) in his research focused on a similar area where he shadowed the social worker in child protection in the UK on home visits to ascertain what they do in practice in relation to children and their families. What was discovered through Ferguson's (2016) research was that the child and other relational practices remained invisible. Reasons cited for this include worker anxiety (Ferguson, 2018), limited training in communication skills with children (Lefevre, 2015) and increasing managerialism that preoccupies the practitioner with risk and deskwork (Healy, 2011; Lonne et al., 2012).

According to Lefevre (2012, 2013), practitioner education should be diverse and include interactive, experiential, and personalised education that is critically reflective within training and workplace learning. Lefevre argues that there are opportunities for social work undergraduates to develop in their learning to enable a more 'child-focused' and 'applied child-specialist' competencies that could support the 'knowing,' 'being,' and 'doing' of effective communication with children (2013, p. 212).

Bunston (2011) highlighted the need for infant-led practices that fine-tune the practitioner's attention to communication with the infant in the relationship. Bunston explained it is equally important that the worker pay attention to their feeling states and 'viewing the world as an infant does, engaging all our senses, with fresh eyes and with wonder' (2011, p. 12), which can inform practice. Lefevre's (2012, 2013) and Bunston's (2011, 2017, 2018) work supports the research intention of exploring the practitioner's capacity with a relational focus on the infant in OOHC. However, this research will hold central the practitioner experience of being supported by the organisation where they work and the effects of this workplace experience on their work with infants.

To explore these complex relational dynamics, this research adopts a feminist relational lens. This feminist orientation also includes a critical engagement with attachment theory. While attachment research has contributed significantly to an understanding of early relational development, it has also been critiqued for its individualistic focus, cultural narrowness, and tendency to place responsibility for relational failure on mothers, especially in marginalised communities (Burg, 2023; Keddell, 2014). This study takes a feminist relational stance that values intersubjectivity, mutuality, and contextual meaning-making while remaining sensitive to how attachment discourse can obscure systemic or organisational contributions to relational harm.

1.3 The Research Aim and Questions

This research explored the practitioners' relationship with the infant in OOHC, the influence of the organisation they work within, and the impact of the child protection system on this relationship. The main aim of the research was to explore the practitioners' understanding of their direct and indirect relationship with the infant in OOHC.

1.3.1 The main research question:

How does the practitioner understand their relationship with the infant in out-of-home care?

1.3.2 The sub-questions:

1. What is the practitioner's understanding of their role, practice skills and knowledge in the organisation and their relationship with the infant/s in their work?

2. What is the experience of practitioners in the context of their organisation and the child protection system, and does this influence their practice with infants?
3. What does the practitioner need to increase the capacity of the child protection system to better respond to the needs of infants?
4. What concepts and themes are embedded in the practitioner's narratives that will provide a useful theory for infant-led child protection practice?

1.4 Contribution to the field

The findings from this research provide insights through the narratives shared by child protection practitioners, highlighting their understanding of the relationship between them and the infant, and examining how the organisation influences this dynamic. Through infant-led research, the findings have identified numerous ways the infant is unseen and unheard within the constraints and culture of organisational practices. The participants identified concerns in practice that impede their capacity to engage in relationship-based practices, especially when engaging infants. Consequently, the outcomes of this study give context and clarity to areas of practice that require addressing and whose responsibilities sit mostly within organisational structures. The findings are anticipated to add to the infant mental health research field and assist in bringing an infant-led perspective to child protection practices.

There remains limited research on the nature of the relational dynamics between organisations and their role in supporting the practitioner. Zeanah et al. (2023) argue that there is a need for a deeper exploration and ethical guidance of how the system and practitioners understand its role and the support it gives an infant in OOHC. This exploration calls for a critical perspective to identify the hierarchical dynamics between all levels of the organisation, the practitioner, and the infant, highlighting the structural disadvantages detracting from concentrating on an infant in OOHC (Bywaters et al., 2019; Zeanah et al., 2023).

According to Russ et al. (2009), findings from inquiries into organisations in Australia indicate that current practices can be ineffective in safeguarding children and their families. They further identify an ongoing crisis within policy and organisational environments as demonstrated through ongoing failures in practice that lead to public vilification, such as

practitioners being personally targeted when harm occurs in families with whom they have been involved (Russ et al., 2009). Moreover, Healy (2011) emphasised party-political interests and agendas that direct child welfare policymaking, and ignore the voices of children, families, and practitioners. The research findings supported Hunt et al. (2016) in their assertion that these less-than-optimal practices affect the morale of the practitioner and the perceived value of their role. This thesis's literature review chapter expands upon these concepts and other research gaps that highlight the need for this research.

1.5 Glossary of Terms

The following terms are referred to throughout the research and warrant further explanation for clarity and consistency.

Infant

For the purpose of this research, an *infant* is defined as a child aged from birth to two years.

Infant Mental Health

Infant Mental Health is an interdisciplinary field concerned with infants' social, emotional, and relational wellbeing, including their development, attachment, and early experiences within caregiving environments.

Out-of-Home Care (OOHC)

OOHC refers to alternative care arrangements for children who are unable to live safely with their birth families. These include foster care, kinship care, residential care, family group homes, and supported independent living.

- **Foster Care**

Foster carers provide short-term, long-term, or permanent care for children who require alternative family-based placement. Carers undergo a comprehensive approval process, including background checks, pre-service training, and face-to-face assessment interviews.

- **Kinship Care**

Kinship care refers to placements with people who are related to the child or have a pre-existing connection, such as a family friend or member of the child's cultural or

community network (DCSSDS, 2024).

Practitioner

In this study, a *practitioner* refers to any professional with relevant qualifications in child protection or related services, including statutory and non-statutory contexts.

Organisation

An *organisation* refers to any workplace or system where participants discuss, emphasising statutory systems and their impact on child protection practice.

Child Protection

Child protection refers to the assessment, investigation, and case management processes undertaken when concerns about a child's safety or wellbeing exist. The government and non-government organisations carry out these processes.

Statutory Child Protection

This term specifically refers to government agencies legally mandated to investigate and intervene in child protection matters under Australian state or territory legislation.

Non-Statutory Child Protection

This refers to the broader network of services, including government-funded and non-government organisations (NGOs), that work across the continuum of care. These services may focus on early intervention, reunification, or support for families in contact with statutory systems. NGOs, while often government-funded, do not hold statutory powers or responsibilities.

1.6 Research Approaches

This section briefly overviews the research design, underlying philosophical foundations, and methodological directions. A more detailed discussion is presented in Chapter Three. This qualitative research is grounded in a critical theory paradigm, informed by feminist relational theory and infant-led approaches, which are entwined throughout the research design and analysis. Together, these frameworks support a reflective, relational, and ethically engaged approach to exploring the experiences of practitioners working with infants in out-of-home care (OOHC).

1.6.1 Critical Theory and Feminist Relational Foundations

This research is grounded in critical and feminist relational theory, brought together through a shared commitment to challenging systems of power and centring care, connection, and relational responsibility. Critical theory identifies and addresses structural injustices, particularly those embedded within institutions such as child protection (Frost & Elichao, 2014). A critical lens invites the researcher to examine what is and imagine what might be possible, attending to voices often silenced, marginalised, or misrepresented (Hague, 2019).

Feminist relational theory enhances this critical foundation by foregrounding the moral and political significance of care and connection in human life. Drawing on care ethics and relational epistemologies, it values lived, embodied experiences and situates individuals within networks of relationships and power (Koggel, Harbin & Llewellyn, 2022). This approach is particularly relevant to child protection, where practice is shaped by gendered assumptions, particularly around mothering, and where both infants and frontline practitioners experience forms of institutional marginalisation. Feminist scholarship has long questioned the surveillance of mothers, the gendered distribution of caregiving, and the emotional labour expected of care workers. These themes resonate throughout this study.

In this thesis, a feminist relational perspective makes it possible to ‘hold the infant in mind’ not only as a developing being but also as a relational, vulnerable, and often unheard subject. It also enables a critical reflection on the practitioner’s role—how they are supported (or not) by organisational systems and how their own relational capacity is shaped by workplace culture and broader power dynamics. Feminist relational theory offers a language for these dynamics and a framework for imagining more just and responsive care systems.

This study also acknowledges the limitations of dominant Western theories of development and care, including attachment theory. It draws from Indigenous critiques highlighting these frameworks' cultural specificity and colonial legacy. The literature review (Chapter Two) further discusses these perspectives, exploring alternative, culturally grounded understandings of care and relationality.

While feminist theory underpins this research's relational orientation, it also offers a critical lens through which to examine the gendered assumptions embedded within child protection systems. The professional role of the practitioner—often feminised, emotionally burdened, and under-resourced—reflects broader cultural narratives that link caregiving with women and that place the emotional labour of care under surveillance. This research attends to these dynamics by applying feminist relational theory as a critique of existing structures and a guide for imagining more just, reflective, and attuned practice.

This theoretical orientation informs all aspects of the study—from the research questions to the analytic approach—and is particularly evident in the emphasis on intersubjectivity, care ethics, and the emotional experience of both infants and practitioners. Tensions with more traditional psychological theories, such as attachment theory, are acknowledged and explored through this lens. Integrating feminist and critical perspectives supports a more expansive understanding of what care means, and for whom.

1.6.2 Researcher Reflexivity

Within a critical theoretical approach, reflexivity is both a stance and a method. It requires the researcher to engage with their own positionality, identity, and values as integral to the research process (Ide & Beddoe, 2024). Fook (2011) distinguishes between reflection (looking back on practice) and reflexivity (an ongoing awareness of how the researcher's presence and assumptions shape knowledge production).

In this study, reflexivity illuminates how power, emotion, and interpretation operate within the research context. Following Morley (2014), critical reflexivity surfaces internalised discourses that may disempower practitioners and the infants they serve. The research positions itself in alliance with the practitioner, the infant, and the system, holding space for reflection that is both respectful and transformative.

1.6.3 Infant-led Methodology

An infant-led approach places the infant's experience at the centre of the research, not through direct participation, but through practices that sensitively interpret their relational and emotional world (Bunston et al., 2020). Although infants were not direct participants in this study, an infant-led orientation shaped all aspects of the research design. This methodology guided the development of research questions, interview prompts, and

analytic focus, with the aim of centring the infant's relational, emotional, and embodied presence through the reflections of practitioners. This orientation does not imply observational access to infants themselves, but rather positions the infant as a subject whose experience can be partially accessed through attuned adult narratives and a critical, relational lens. This process invites practitioners to recall and engage with their observations and emotional responses to infants in their care.

Wakelyn (2019) describes infant-led research as involving presence, observation, and responsiveness, allowing meaning to emerge from relational exchanges without imposing adult-centric interpretations. The researcher's role is to hold the infant in mind during interviews. This includes staying attuned to the practitioner's narrative and the emotional weight of their reflections. This dual process mirrors the intersubjective space between practitioner and infant, where insight, meaning, and ethical responsiveness can arise.

In practice, the researcher scaffolded these interviews by creating space for the practitioner to reflect deeply on their relationship with the infant—a liminal space in which meaning, insight, and transformation could emerge through shared reflexivity (Enosh & Ben-Ari, 2016). By engaging with the infant's perspective—as imagined, remembered, and felt—the practitioner's insights become grounded in lived, relational experience rather than abstract policy frameworks.

This research aligns with feminist and infant-led commitments to challenge adult-centric, hierarchical practices that may silence or obscure the infant's experience. Following Bunston (2018) and Thomson-Salo (2018), the infant is considered not an object of care but a person who communicates meaningfully and deserves to be spoken to and held in mind—even in their absence. By privileging the infant's position this way, the research contributes to developing an emotionally responsive, ethically grounded practice framework that is relationally attuned.

1.6.4 Feminist Relational Practice in Action

Feminist relational theory is not simply a conceptual backdrop to this study—it actively shapes how the research was designed, conducted, and interpreted. This approach asserts that care, emotion, and relationality are central to ethical and political life, not peripheral (Koggel et al., 2022; Robinson, 2020). This means the research process is viewed

as a relational encounter between the researcher, participant, practitioner, infant, and the systems that hold them.

Relational ethics in feminist scholarship emphasise attentiveness, mutual responsibility, and embeddedness within networks of power and care (Harbin, 2016; Koggel et al., 2022). These concepts are especially relevant in child protection, where practitioners must navigate emotionally charged relationships while being situated within risk-averse, bureaucratic systems. Feminist relational theory supports a view of practice as emotionally attuned and politically situated, recognising that the ability to care is shaped by systemic conditions as much as by individual skill or will.

Feminist ethics of care, particularly those articulated by scholars such as Joan Tronto, have also informed this study's conceptual foundation. Tronto (1983) argues that care must be understood as a political and ethical practice that reveals and resists the hierarchies embedded in who is expected to care, who is valued for caring, and under what conditions. In the child protection system, this is particularly relevant given how care responsibilities often fall disproportionately on women, both in families and in professional roles. This study engages with such critiques and seeks to elevate care as a relational and systemic concern, rather than a private or moral obligation.

This lens shaped both the interview process and the analysis. Interviews were approached as dialogic spaces where practitioners could reflect on what they do and how they feel, how they are positioned, and how they relate to infants in their care. Thematic analysis was guided by content and attention to tone, tension, and emotion, seeking meaning in what was said and how it was expressed (Braun & Clarke, 2021; Wakelyn, 2019).

Importantly, this approach enabled a dual focus: holding the infant in mind while also holding the practitioner in mind. Just as infants require attuned, responsive care, so do practitioners—from their organisations, colleagues, and policy environments. A feminist relational approach invites recognition to see infants and practitioners as vulnerable, interdependent, and deserving of systems that reflect care and relational responsibility. This theoretical stance is carried throughout the thesis, particularly in the discussion chapter, synthesising the findings through a feminist relational and infant-led lens.

1.7 Ethics

In the early stages of research planning, I considered including direct observation of infants in practice alongside child protection practitioners to deepen engagement with the infant's lived experience. However, this approach was deemed unfeasible before the ethics application due to anticipated ethical and logistical constraints, particularly the challenges of obtaining consent, ensuring infant safety, and navigating access within statutory systems. As a result, the research design was adapted to maintain a strong infant-led focus. The methodology was shaped to uphold the spirit of infant-led research by carefully scaffolding practitioner interviews, holding the infant in mind throughout, and using reflective questioning to foreground the infant's experience. This adaptation reflects an ethical and methodological commitment to ensuring that the infant remained central, not only in intent but in the analytic and interpretive processes that followed.

Ethics approval was obtained through the HREA process within the University of the Sunshine Coast (*approval number S211550*). A non-government organisation was also approached to recruit participants, which required further formal ethics approval. The researcher's ethical responsibilities include the overarching principles of research integrity, honesty, and respect for all involved in the research (Padgett, 2017). Informed consent was obtained from the participating child protection practitioners, where confidentiality and anonymity were guaranteed for all parties. Furthermore, as the researcher, I remained accountable for securing all information and was responsive to any concerns in the research process. The ethics process and responsibilities are expanded in chapter three, the methodology chapter.

1.8 Research Analysis

Reflexive thematic analysis (RTA) was used to analyse the interview data. Thematic analysis (TA) is a method for systematically identifying, organising, and interpreting patterns of meaning (or 'themes') across a dataset (Braun & Clarke, 2012). RTA, in particular, emphasises the active and interpretive role of the researcher in the analytic process. It enables a nuanced exploration of meaning and experience, acknowledging that the researcher's values, assumptions, and prior knowledge inform the development of themes (Braun & Clarke, 2019, 2021). In this approach, themes are not 'discovered' but are

constructed through deep engagement with the data and shaped by the researcher's theoretical framework and reflexive stance. This aligns with the study's feminist relational methodology, which foregrounds subjectivity, interpretation, and meaning-making in research. A more detailed account of the analytic process, including its alignment with the study's feminist relational framework, is provided in Chapter Three.

1.9 My Relationship to the Research

My career in social work has largely centred around clinical roles supporting families, children, and young people in mental health and counselling contexts, primarily within the non-government sector. In 2012, I moved into a child protection role within Evolve Therapeutic Services (ETS), a Queensland Health mental health program designed to support children in out-of-home care (OOHC) with complex mental health needs. It was here, in the interface of child protection and mental health, and during my Master of Mental Health (Perinatal and Infant), that I began to feel acutely the absence of focused attention on infants in OOHC.

What struck me repeatedly was how infants often faded into the background, not because they were unseen but because they were misunderstood. As I developed skills in infant mental health, I realised that infants communicate their emotional world clearly through their body, gaze, rhythms, and relational gestures. However, practitioners may misinterpret or overlook these expressions without the training or space to attune to them.

In practice, I observed that the practitioner's attention understandably shifts toward the 7-year-old who is acting out, the 13-year-old who is self-harming, or the 15-year-old who is suicidal. These young people need urgent and compassionate intervention. However, in that focus, the silent or subtle communications of the infant can be eclipsed. I recall an infant who refused to be held during feeding—the carer, interpreting the infant's cues as discomfort, began to prop-feed and avoid eye contact. Another five-month-old, compliant and seemingly content in anyone's arms, was passed around during a meeting. Knowing he would soon be moved on, his carer commented, "They never get attached." I felt a quiet ache watching this—the infant's easy-going nature may have been read as resilience, but in me, it stirred concern about his capacity to form and trust in connection.

There was a 12-month-old who sat silently in the corner of the room. “She is no trouble,” her carers said. “She never asks for anything.” Their words stayed with me. What does it mean when a baby stops asking? What grief has already been stored in that small body? Similarly, I once watched a practitioner manage thrice-weekly visits between a three-year-old and his mother. The practitioner described the mother as “kind,” but the child responded with visible distress—rocking in the corner, calling for his carers. The practitioner, moved and confused, asked me, “What is this child telling us, and how do I make sense of it?” I could feel their desire to understand and to see differently, but without shared language or frameworks, it often felt like reaching through a fog.

These experiences showed me that the infant tells us so much—not through words, but through how they reach, retreat, wait, or go still. When we allow ourselves to be moved by the infant’s expressions, we begin to feel what they feel—confusion, grief, vigilance, yearning. Bion and Hinshelwood (2023) describe this as *reverie*—the caregiver’s (or practitioner’s) capacity to receive and emotionally digest the infant’s unspoken communications. It is within this intersubjective space, this shared emotional field, that deeper understanding can emerge.

My growing discomfort stemmed from noticing how often infant needs were abstracted or translated poorly across disciplines. The fields of child protection and infant mental health speak different languages. Even when I tried to share my insights with practitioners, the emotional world of the infant often failed to translate into practice. The same infants, removed at birth or in early childhood, sometimes reappeared at age five or eight with disrupted placements, behavioural diagnoses, and entrenched relational difficulties. One child I had incidental contact with experienced over twenty placements. What happened in those earliest years? What was missed?

Hoffman et al. (2016) describe infant development as a relational dance—the infant moves out to explore and returns to the caregiver’s eyes to reconnect. The caregiver’s gaze becomes a safe harbour, a mirror, a signal: I see you; you matter. I carried this image into my practice, hoping that practitioners, too, could be seen by their systems and supervisors and, in turn, hold the infant in mind with the same attunement.

This parallel process is at the core of this research. When systems hold practitioners in mind, practitioners are better positioned to hold infants in mind. Drawing on Fonagy and

Allison's (2023) concept of "state of mind," I began considering how reflection and insight can permeate practice at every level. The question that guides my inquiry is this: how can practitioners be supported to enter the infant's world—to feel what the infant is telling us—and in doing so, respond with presence, precision, and care?

1.10 Thesis Structure

Chapter Two presents the Literature Review, identifying key gaps in research related to infants in out-of-home care (OOHC), child protection practitioners, and the organisational systems in which they work. The chapter also explores historical and contemporary contexts of child protection, critiques of attachment theory, and introduces feminist relational, critical, and Indigenous perspectives that frame the study.

Chapter Three outlines the research methodology, including the philosophical and theoretical foundations—critical theory, feminist relational theory, and infant-led methodology. The chapter also details the research design, ethical considerations, data collection and analysis methods, and the use of researcher reflexivity through journaling.

The next three chapters present the study's findings, each organised around a central theme that reflects a key aspect of infant-led relational practice: Holding the Infant in Practice (Chapter Four), Becoming a Practitioner (Chapter Five), and Systemic State of Mind (Chapter Six).

Chapter Four centres on how practitioners perceive and engage with infants, addressing the question: *What is the practitioner's understanding of their role, practice skills and knowledge within the organisation, and in relationship with the infant(s) they work with?* This chapter four explores how practitioners *see, hear, experience, and respond* to infants in relational, embodied, and ethically attuned ways. It highlights the tension between relational presence and systemic constraints, foregrounding the infant as both deeply vulnerable and deeply communicative.

Chapter Five focuses on the practitioner and their relational, emotional, and ethical experience within child protection systems. It addresses the question: *What is the experience of practitioners in the context of their organisation and the child protection system, and how does this influence their practice with infants?* The four themes are:

- *Holding the Infant in Practice* – exploring relational ethics, trauma, and embodied experience as they shape how practitioners stay present to infants;
- *Becoming a Practitioner* – examining professional identity, reflective growth, and critical engagements with theory, including attachment;
- *Feeling Held or Defended at Work* – addressing supervision, mentorship, and the emotional climate of practice environments;
- *Integrity in the System* – revealing organisational tensions, moral dissonance, and the emotional toll of practice in under-resourced systems.

Chapter Six shifts the focus to systemic and organisational factors, responding to the question: *What does the practitioner need to increase the capacity of the child protection system to better respond to the needs of infants?* The findings are organised into four analytic themes:

- *Who Holds the Helper?* – exploring organisational and professional identity, support structures, and care for the practitioner;
- *A Culture of Care* – considering how relational care is fostered or constrained within different organisational environments, including First Nations ways of knowing;
- *Systemic State of Mind* – highlighting emotional climates, organisational vulnerability, and the parallel processes that mirror infant-practitioner dynamics;
- *Systems of Care* – examining risk-averse practices, political and bureaucratic influences, and the barriers to truly infant-led decision-making.

These chapters offer a layered and critical account of how practitioners hold infants in mind, how they are held in turn, and how systems shape or distort these relational processes.

Chapter Seven, the Discussion chapter, synthesises the findings across all three themes—organisation, practitioner, and infant—and analyses their interconnectedness through a feminist relational and infant-led lens. The discussion highlights the ways in which systemic, cultural, and relational factors shape practitioner-infant relationships and how power, care, and emotion intersect in practice. It identifies key tensions in current practice

and proposes a shift towards an infant-led praxis that centres on relational ethics, attentiveness, and justice.

The chapter also outlines the study's limitations, including the absence of infants as participants, the small sample size, and the challenges of conducting research within complex statutory systems. Nonetheless, it argues that this infant-led, practitioner-informed research provides a valuable foundation for transforming child protection practice.

The thesis concludes with a call to reimagine systems of care that are more responsive to the needs of both infants and practitioners. A creative piece—a poem written in the infant's voice—is included to symbolically return the infant to the centre of the research and highlight the emotional truths uncovered throughout the study.

1.11 Chapter Conclusion

This introductory chapter has outlined the thesis's background, rationale, and structure. The research responds to growing concerns about how infants in OOHC are held in mind—not only by individual practitioners but also within the systems, structures, and cultures that shape everyday practice. It also foregrounds the emotional and ethical labour practitioners perform as they attempt to stay attuned to infants in contexts where they themselves are often unsupported, unseen, or emotionally stretched.

Grounded in feminist relational and critical theory, and guided by an infant-led methodology, the study examines how care is enacted, constrained, and made possible within child protection practice. It attends to the emotional, systemic, and ethical dimensions of practitioner-infant relationships and the tensions between relational intent and institutional demand.

By naming the disconnections between policy, practice, and care, this research opens space for more relationally responsive, reflective, and justice-oriented approaches—where infants are seen and heard, and practitioners are held in mind with the same depth of care they are asked to extend to others.

Chapter Two: Literature Review

2.1 Chapter Overview

The purpose of the literature review is to set out the theoretical foundations of the study. In this chapter, the literature will be explored as it relates to critical areas of relationship-based and infant-led practices and, through this, identify gaps in the research that I have sought to address. There remains a significant gap in research that addresses the practicalities of recognising and supporting 'infants' as distinct individuals rather than being grouped under the broader 'child' category. A significant feature of my research approach is adopting an infant-led perspective and exploring practitioners' experiences as they try to imagine and empathise with what the infant is experiencing.

The literature review shows a scarcity of research on the intersections between Child Protection systems and their role in supporting practitioners focusing on the infant. In the interest of the most vulnerable in these systems, infants, there is a place for an immersed exploration of how the system supports the practitioner whose role is to ensure that the infant's wellbeing is considered (Gillingham, 2016; Zeanah et al., 2023). This research has sought to bring into focus the field of infant mental health, in the form of infants in OOHC, to reveal current best practice models and contemporary research.

Contemporaneously, this literature review sought to identify gaps within practice for the practitioner and the organisation that can highlight critical future considerations. The World Health Organisation (WHO, 2023) highlighted that one in seven children experiences mental health conditions globally. According to Lyons-Ruth et al. (2017, 2023), left untreated, these conditions severely affect the child's development, education, and overall potential to achieve constructive and dynamic lives. Although there is international attention focused on the mental health disorders of older children and youth, this is not the case with infants, where attention to the effects related to emerging mental health disorders in infancy has remained fundamentally invisible (Lyons-Ruth et al., 2017, 2023).

2.2. The Infant

This section focuses on infants and their relationship needs. It begins with an overview of the infant in OOHC and moves to the infant born into care, followed by the First Nations infant experience and the ongoing 'Stolen Generations'. Then, the foundational and current literature on Infant Mental Health (IMH) and relevant theories that inform IMH knowledge for infants in OOHC are explored.

2.2.1 The Infant in OOHC

According to Oppenheim and Koren-Karie (2021), infancy's most important developmental undertaking is forming an attuned and safe attachment relationship with a caring adult. When this relationship experiences repeated rupture through abuse and neglect, and this rupture is perpetuated through entering OOHC, such as multiple placements and unprepared or unskilled care, the infant's mental health can be compromised (Lumsden, 2021; Wulczyn, 2020). While removal of any child from their home is a complex and challenging decision, due to infancy being such a developmentally vulnerable time, there is an increased likelihood of removal of the infant than with older children (Harrison et al., 2020; Zajac et al., 2019). Therefore, given that infants are more vulnerable and more likely to be removed from a compromised environment, attention must be given to considering preventative measures regarding potential ongoing disruptions to their attachments.

Benito-Gomez et al. (2022) highlight that research has determined that infants in OOHC can appear to reject carers at times of need rather than turning to them for support. This is particularly concerning due to foster carers mirroring an infant's relationally avoidant behaviours (Dozier & Bernard, 2021; Zeanah & Dozier, 2021). An infant in OOHC can appear fine, even in distress; foster carers learn to respond to this distancing behaviour in a corresponding pattern and, therefore, do not supply the reparative care that the infant needs after relational trauma (Benito-Gomez et al., 2022; Zeanah & Dozier, 2021). Many interventions have been developed to address this misalignment in relational care for foster carers and challenged parenting. However, this has not been translated to practitioners in child protection apart from specialist infant mental health-trained practitioners (Bower & Solomon, 2017).

According to Dozier and Bernard (2021), mental illness, such as depression or anxiety, has been observed in children in care, which can be linked to unmet emotional needs in the earliest years. Lyons-Ruth et al. (2017, 2023) reported that disorganised attachment behaviours in infancy stood out in two longitudinal studies as significant precursors to future dissociative symptomatology. Byun, Brumariu, and Lyons-Ruth (2016) explored that this symptomology was most evident when there was an experience of disconnection and a lack of continuity between thoughts, memories, surroundings, actions, and identity between the carer and the infant. Further, Lyons-Ruth et al. (2017) found that this early vulnerability is connected to patterns of affective communication between the parent and infant, where attunement was absent. Furthermore, the attachment relationship may, in part, explain how some people exposed to later trauma develop mental health symptoms, whereas others do not (Lyons-Ruth, 2015; Lyons-Ruth et al., 2017).

Infants entering OOHC frequently come with psychological and health issues due to insufficient care in their home environment (Smyke & Breidenstine, 2018; Barbell & Wright, 2018). While care can provide a level of safety and care for children, infants are still significantly emotionally and psychologically limited (Barbell & Wright, 2018). Infants under twelve months of age are particularly vulnerable to physical abuse, and for this reason, they comprise the highest-risk group in the organisation (Lima et al., 2024; Smyke & Breidenstine, 2018). They are then placed into care requiring attuned and reparative care to heal from ruptures created in their original care environments (Bovenschen et al., 2016). According to Benito-Gomez et al. (2022), carers given the responsibility of caring for traumatised children are often inadequately equipped. Children can then be placed with carers who are either limited in their knowledge and skill or cannot meet the psychological and emotional needs of these young, traumatised children (Zeanah & Dozier, 2021).

Ferguson (2016) examined Child Protection practitioners and the practical issues of home visiting in his research and noted concerns about the quality of care among Social Workers. This ethnographic study discovered that, often due to systemic constraints along with worker skills and knowledge, attention to detail during home visits was neglected as the worker focused only on seeking evidence of the practical safety of the child (Ferguson, 2016). He further highlights that therapeutic change was enhanced where reflective practice was evident, and when the worker attended to the details of the relationship; such as non-

verbal cues, consistent eye contact, body language, and tone of voice, creating an environment of trust and safety, which takes time to develop a more meaningful connection with the child (Ferguson, 2016).

2.2.2 Born into Care

In Australia, during 2022–23, 3,023 unborn children and infants received Child Protection services (AIHW, 2023). Notifications that were substantiated involved 1,407 unborn children and 4,194 infants (<1), with 2,149 infants admitted into out-of-home care (AIHW, 2023). Child Protection practitioners have the statutory authority to decide whether there is an immediate and substantial risk of harm to a child's wellbeing and to take the child into provisional protection and care (O'Donnell et al., 2023).

Notifications regarding unborn infants provide an important port of entry for the Child Protection service to intervene and support an infant and their families who are identified as at risk before birth (Marsh et al., 2017). Notifications occur when there are indications that the expectant parents may not be able to care for the infant adequately. This can be due to circumstances such as substance misuse, mental health issues, or domestic violence concerns (O'Donnell et al., 2023). Intervention practices raise many ethical, practical, and legal considerations regarding the rights of the unborn child and the expectant mother, as well as the concern that the unborn notification in itself stigmatises already vulnerable families before an infant is even born (Reilly & Peterson, 2019).

In a literature review completed by Mason, Robertson and Broadhurst (2019), they found that the literature on pre-birth and removals at birth is limited, noting many key concerns. Firstly, there is a delay and insufficient time for robust pre-birth assessments due to unborn babies being considered a lower priority than other children, and therefore a poorer use of resources. Secondly, there is a need for improved collaboration and relationship-based practices due to birth mothers being sensitive to judgement by practitioners. Thirdly, they noted that more consistency is required; inequity, power, role conflicts, and limited guidance at local and national levels are obstacles to collaborative intervention (Mason et al., 2019). Issues such as lack of communication, poor cooperation, and tensions between agencies concerning status and perspectives reflect well-known and

established difficulties in inter-agency working practices (Bentley, 2017; Salveron et al., 2015).

The psychological impact is also of concern in pregnancy and removals at birth, with an immediate sense of loss coupled with unresolved grief, guilt and shame (Mason et al., 2019; Mason et al., 2022). Their research highlighted the emotional impact that this difficult work has on professionals, where support and supervision are much needed. The pressure of ensuring the safety of an unborn baby or infant and supporting the rights of birth parents presents significant ethical and real challenges for all practitioners in this situation (Mason et al., 2019; Wise & Corrales, 2023). The literature highlights that insufficient practice knowledge and guidance regarding assessment processes further contribute to a lack of clarity (Mason et al., 2022).

2.2.3 Aboriginal and Torres Strait Islander Infants

This research's intention was not to focus on this critical area of First Nations' perspectives; however, this did arise in some of the findings discussed in Chapters Four, Five and Six. As stated in Chapter One, there is an over-representation of Aboriginal and Torres Strait Islander infants involved in child protection that has been extensively reported, with Indigenous infants being removed from their families at ten times the rate of non-Indigenous infants (AIHW, 2024; O'Donnell et al., 2019). Therefore, along with the focus on the infant in OOHC, it is essential to acknowledge the Stolen Generations, the impact of which has been and continues to be a significant factor in Child Protection policies and systemic practices in Australia. Research demonstrates that the Stolen Generation is an ongoing issue within Child Protection (Higgins, 2017; Wise et al., 2024).

The Stolen Generations refers to a period in Australian history during which an estimated 100,000 Aboriginal and Torres Strait Islander children were forcibly removed from their families by statutory welfare bodies and church missionaries between 1910 and 1970 (AIHW, 2021). While Aboriginal and Torres Strait Islander children had been taken from their families since the colonial invasion and occupation in 1788, specific federal and state policies contributed to the removal of these Stolen Generations into the care of the state (Funston & Herring, 2016). The outcomes of these wrongs continue to be evident in Child Protection systems and First Nation families (Nogrady, 2019).

Aboriginal and Torres Strait Islander children are placed into OOHC at disproportionately high rates compared to non-Indigenous children (Higgins, 2017; O'Donnell et al., 2023). First Nations infants in OOHC continue to face challenges as the issue of the Stolen Generations continues to be embedded in Australia's history and current systemic issues (O'Donnell et al., 2023). The experiences of First Nations infants today are heavily influenced by intergenerational trauma, a painful inheritance from policies that forcibly removed their ancestors from their families (Wise et al., 2024).

The trauma is perpetuated through the influence on family connection and mental wellbeing, which ultimately increases the likelihood of children entering OOHC (Atkinson, 2013; Wise et al., 2024). The trauma is not just about past events; it is a continuing struggle that influences daily life and shapes the realities of many First Nations families (SNAICC, 2020). Furthermore, the cultural disconnect between Indigenous ways and mainstream care settings compounds matters greatly (SNAICC, 2020). Such differences can impede effective communication, mutual understanding, and culturally appropriate care for First Nations infants and their carers (Funston & Herring, 2016; O'Donnell et al., 2019). According to Wise et al. (2024), addressing the disconnect and reducing infant removals requires creating a path to trust, hope, and transparency. This path can increase engagement and establish extended informal networks and informal support, connecting with antenatal and child welfare services (Wise et al., 2024).

While a loving and caring environment is of great importance for all infants who come into OOHC, connection to kin for First Nations infants, as with all children, should take precedence. Often, the environments in which First Nations infants in OOHC are placed may not reflect their culture and undermine their sense of belonging and connection to their heritage (Funston & Herring, 2016; Lima et al., 2024). To address this, current practices include increasing cultural competence within Child Protection services, involving Indigenous communities in decision-making processes, and increasing First Nations-led research and interventions (CSPM, 2024a). Through a deeper understanding and respect for First Nations culture and improving support to reflect this, First Nations infants and their families can experience an improved experience of the systems there to support and uplift their cultural identity (Higgins, 2017).

2.2.4 Infant Mental Health

Infant mental health (IMH) stems from the understanding that developmental outcomes emerge from infant characteristics, caregiver-infant relationships, and the environmental contexts within infant-parent relationships (Zeanah & Zeanah, 2019). IMH is a title that incorporates a full range of health promotion, prevention, and interventions that address an infant's social and emotional health (Zeanah & Zeanah, 2019). The Infant Mental Health (IMH) field is still emerging, continuously expanding and refining its scope and definitions (Simpson et al., 2016). The central tenet of IMH is the social and emotional wellbeing of infants and their caregivers within the context of the caregiving environment. Osofsky et al. (2024) explained three leading tenets in skilled, clinical IMH practice: strengths-based approach, addressing assessment and interventions within a relational context, and perceiving development within a cultural framework; therefore, IMH is, first and foremost, permanently embedded within an evolving and dynamic system of relationships (Lyons-Ruth et al., 2017).

Worldwide, the field of IMH encompasses a diverse range of disciplines that support the socio-emotional wellbeing of infants, young children, and their families (Zeanah & Zeanah, 2019); however, Priddis, Matacz and Weatherson (2015) state that IMH practitioners are often unable to specialise, working across frequently disconnected or siloed departments in mental health, Child Protection and health. When mental health disorders and disrupted relationships are first present in infancy, it is often first identified in primary healthcare, Child Protection, community-based organisations, parenting programs, and early learning centres as opposed to tertiary mental health services (Shapiro & Applegate, 2018). Often, these front-line services do not have the specialist knowledge to deliver infant mental health support needs (Hughes et al., 2020; Priddis et al., 2015).

2.3 Theories that Inform Infant Mental Health

Many theories and approaches provide a foundation for understanding and addressing IMH to foster secure, emotionally healthy infants who can thrive in their relationships and development (Zeanah & Zeanah, 2019). This literature review explores key theories that inform practice in the IMH fields as they could apply to infants in OOHC. Beginning with an introduction to the *Theories of Mind*, the focus moves to *Attachment*

Theory as a dominant discourse in Child Protection practice and its critiques. Next, Mentalisation and Attunement, Object Relations Theory, Intersubjectivity, and Intersubjective Systems Theory will be explored as key theories that support findings that have emerged in the research data. Finally, a theoretical concept is explored, combining the core aspects of Theories of Mind and Critical Systems Theory, through the development of Critical Systemic Intersubjectivity to capture the core issues that emerged in the findings regarding the practitioner's experience within the organisation.

2.3.1 Theories of Mind

Theory of Mind developed from the Piagetian notion of perspective-taking; the ability to take another person's point of view (Imuta et al., 2016). The capacity to know that others have thoughts and feelings that are separate from our own is linked to the capacity for empathy and self-reflection (Fonagy & Allison, 2023). This ability to represent and make sense of the mental states of self and others underscores most human interaction and development. This cognitive ability is most relevant to attachment and interpersonal relationships, with the key theories being addressed in this research being: Attachment Theory, Mentalisation and Attunement, Object Relations Theory, Intersubjectivity, and Intersubjective Systems Theory. Each of these approaches offers a different window into how people build up relations with one another and negotiate their social worlds.

Attachment Theory: Bowlby (1982) and Ainsworth (1978) postulate that early infant-caregiver bonds are fundamentally important for emotional development, social functioning, and relationships with others throughout life. The quality of these early attachments leads to variations in a person's ability to regulate their emotions and to establish appropriate interpersonal relationships, indicating the role of nurturing relationships in healthy development (Beebe & Lachmann, 2014).

Attunement and Mentalisation are two related concepts, each of which gives priority to a state of understanding and responding to the mental state of another. Mentalisation involves sensitivity to the fact that others have thoughts, feelings, and intentions independent of one's own, while attunement refers to the caregiver's sensitivity to an infant's emotional needs (Fonagy & Luyten, 2018; Slade, 2018). These processes play a special role in developing secure attachments and emotional wellbeing.

Object Relations Theory elaborates on how internalised relationships with caregivers shape self-concept and relational functioning capacity. The central emphasis of this approach is that early relational experiences will affect how one perceives *self* and *others* in future relationships (Summers, 2024; Svrakic & Zorumski, 2021).

Added layers of understanding brought by intersubjectivity and intersubjective systems theory deal with shared experiences between individuals in relational contexts. Intersubjectivity underlines the mutual influence individuals in relationships have on each other; however, intersubjective systems theory emphasises the dynamic interplay of subjective experiences within social relations (Ammaniti & Gallese, 2014; Burg, 2023; Terrace et al., 2022). This explains how the real complexity of human relationships and the importance of relational dynamics in development are underlined. Other Theories of Mind provide great insight into cognitive and social processes. However, this research will rely mainly on these named theories to explore the finely tuned interaction of attachment, mentalisation, and relational dynamics. This will provide a foundation for practitioners to create better care settings for vulnerable populations, particularly infants in Out-of-Home Care (OOHC).

2.3.2 The Attachment Discourse

Attachment Theory, as part of developmental psychology, is grounded in the foundational work of John Bowlby (1942, 1980, 1997) and Mary Ainsworth (1963, 1989), who describe the deep emotional bonds between a child and caregiver in the early years. These attachments are essential to a child's emotional development, social functioning, and relationships throughout life (Bowlby, 1997; Heinonen et al., 2018). Bowlby argued that attachment plays a crucial role in human survival, with infants exhibiting behaviours to elicit caregiving responses. Attachment Theory identifies four primary attachment types: secure, anxious-avoidant, anxious-ambivalent, and disorganised (Thompson, 2024). A secure attachment develops through consistent, attuned, and nurturing caregiving, allowing an infant to form a positive self-image and trust in others (Simpson et al., 2016; Yarger et al., 2020). In contrast, inconsistent or unresponsive caregiving can lead to insecure attachment, where the infant may perceive themselves and their world as unreliable (Ainsworth, 1989; Luyten et al., 2024).

Attachment Theory is particularly relevant in Out-of-Home Care (OOHC), where children are at increased risk of insecure attachments and benefit from targeted care (Hoffman et al., 2016; Zeanah & Dozier, 2021). Practitioners and researchers recognise Attachment Theory as instrumental in understanding the relational dynamics, behavioural challenges, and developmental trajectories of children who have experienced abuse, neglect, or removal from their primary caregivers (Mclean, 2023). Attachment Theory has become integral in Infant Mental Health (IMH) practices, and training in this theory is now standard for Child Protection practitioners and foster carers (Harlow, 2021). It is a foundation for understanding parent-child behaviours, permanency planning, and the emotional impacts of foster placements and parental visits (Aamodt & Hennum, 2024; Forslund et al., 2022).

Research continues to examine the link between disorganised attachment and mental health challenges in neglected children, with attachment-based therapies emerging to support healthy interactions between children and their caregivers, whether biological or foster (Vasileva & Petermann, 2018; Yarger et al., 2020; Zeanah & Dozier, 2021). Observing caregiver-infant interactions offers valuable insights into attachment dynamics, informing interventions that strengthen these relationships in OOHC settings (Forslund et al., 2022). Practical strategies, including carer-infant assessments, therapeutic support, targeted training, and policy advocacy, further enhance Attachment Theory's application in real-world care settings (Priddis et al., 2015; Keddell, 2017).

Reflecting on attachment styles aids practitioners in understanding children's responses to separation and reunification, which may include distress or detachment (Barbell & Wright, 2018). However, accurately assessing attachment styles requires specific training and purpose, as insights must be balanced with recognising individual resilience and the potential for repair in safe, consistent care environments (Zilberstein, 2022; Yarger et al., 2020).

2.3.3 Critiques of the Attachment Discourse

Harlow (2021) noted that whilst researchers have built on the foundations of Attachment Theory, new research and theoretical insights have led to critiques, shifts, and new focus areas. Duschinsky et al. (2015) argued against rigid classifications; secure,

anxious-avoidant, anxious-ambivalent, and disorganised, suggesting that viewing Attachment Theory as a study of the interplay between dynamic forces may be more beneficial. Similarly, Fonagy and Allison (2023) have reframed attachment as relatively secure or relatively insecure rather than strictly categorised, and existing on a continuum. Avoiding strict categories requires the practitioner to use professional discernment when using theories and reflects the complexity of real-world attachment dynamics (Fonagy & Allison, 2023).

Van Ijzendoorn and Bakermans-Kranenburg (2021) noted that projections based on the Attachment Theory are unreliable. Many explanations exist for a child's behaviour not connected to their attachment relationships, such as agency practices that produce insecurity, mismanagement with family contact, or the child's unique temperament and cultural influences (Buchanan, 2017; Keddell, 2017). For example, in many Child Protection practices, there is often inadequate warning and preparation when considering moving a child to a new situation, often leading to disruptive behaviours (Keddell, 2017; white et al., 2019).

Mary Main and Judith Solomon developed the Dynamic-Maturational Model of Attachment (DMM) in the late 1980s and early 1990s. However, Crittenden expanded and further refined this model (Crittenden, 2016). Wilcox and Baim (2016) explain that Crittenden developed the Dynamic Maturational Model of Attachment, which proposes that fear for one's safety does not necessarily lead to disorganisation but adaptation. In this model, a child may shift between avoidant and ambivalent insecure attachment patterns to find the most security (Wilcox & Baim, 2016). Many things shape the development of the self, one of which is the social influences that are pivotal to a sense of self and belonging (Stern, 2020).

A comprehensive understanding of attachment theory alone is not the panacea for understanding the complexities of infant development. Limitations in knowledge regarding this foundational stage of development can result in poor decision-making within Child Protection systems (Keddell, 2017). In her work, Keddell (2017) explored how practitioners draw upon their knowledge of developmental psychology, particularly Attachment Theory, and how this is used to make decisions in the 'best interest of the child'. Forslund et al.

(2022) critiqued developmental psychology and Attachment Theory, saying they are not used judiciously in child welfare, therefore, not accurately assessing the child's situation.

Granqvist (2021) observed that attachment theory generalises the nature of children's experiences without considering historical and culturally based contexts. There is often a disconnect to culture where the carers and the young child could experience shame if their origins are not valued; therefore, cross-cultural differences in attitudes to childhood and parenting mean cultural differences in attachment patterns (Lonne et al., 2016; Mesman et al., 2016). In their work on cross-cultural attachment patterns, Van Ijzendoorn and Bakermans-Kranenburg (2021) explored the complexities of cultural differences. While they found many similarities among culturally diverse groups, the state of care within each cultural group can be identified differently (Mesman et al., 2016), requiring a flexible mindset when considering cultural influences.

From an Aboriginal and Torres Strait Islander perspective, the application of Attachment Theory in child welfare has been critiqued for failing to account for the collective, relational, and cultural foundations of caregiving. Indigenous worldviews often emphasise kinship networks, connection to Country, and shared caregiving responsibilities—relational structures that are not easily captured by traditional attachment assessments focused on the nuclear dyad (Funston & Herring, 2016; SNAICC, 2020). When viewed through Western individualist frameworks, these practices can be misinterpreted as inadequate or insecure (Yunkaporta, 2019).

As Choate et al. (2020) argue, attachment theory also perpetuates colonial and Eurocentric norms that pathologise Indigenous caregiving and marginalise relational knowledge embedded in community and culture. Bessarab and Crawford (2010) argue that Indigenous relationality resists compartmentalising attachment into discrete categories, instead privileging fluid, contextually grounded connections. Without a culturally safe and strengths-based lens, attachment frameworks risk reinforcing colonial assumptions and contributing to the continued surveillance and removal of Indigenous infants (Ralph & Hamaguchi, 2011; SNAICC, 2020). A culturally attuned approach demands that practitioners critically engage with Indigenous knowledge systems and honour diverse relational expressions of care.

Keddell (2017) highlighted that traditional Attachment Theory tends to look to the quality of parenting as a critical dimension of issues that are present in childhood. This traditional view does not address the complex interplay of structural concerns such as poverty, employment, discrimination, and access to support and services (Forslund et al., 2022). Keddell (2017), in her research, explored the connection between Attachment Theory and social constructionism, remarking that modern Attachment Theory has many different aspects and variations. Translation of the theory into practice, however, has been popularised and simplified, lending itself to justifications of everyday decisions made by the practitioner (Keddell, 2017).

Critiques of Attachment Theory have highlighted that many attachment-focused practices are related to morally driven judgements, middle-class norms, political ideologies, or popular psychology (Keddell, 2017; White et al., 2019). Burr (2015) explored Attachment Theory as a perspective rather than a central truth about the human experience and argues that it relies on a social constructionist understanding of the world. Social constructionism explains that human experience is understood through social and interpersonal influences (Galbin, 2014). Through this perspective, Attachment Theory can be regarded as a categorisation process that is the invention of knowledge that has been generated within specific cultural and social contexts (Burr, 2015; Galbin, 2014; Keddell, 2017; White et al., 2019).

Buchanan (2017) expressed concern that social workers and other practitioners accept the Attachment Theory without deliberating on applying this theory in practice through a critical lens. Buchanan (2017) suggested that the attachment field's narrow focus on the mothering role is inadequate and politically motivated. When this emphasis on mothering is separated from the gendered nature of abuse in domestic violence, for example, Attachment Theory becomes patriarchal (Buchanan, 2017). Furthermore, Galbin (2014) discussed a Foucauldian approach where there is an invitation for practitioners to interrogate assumptions and convictions entrenched within our cultural attitudes, beliefs, desires, and practices concerning the normal and the pathological.

Keddell (2017) explored examples of how Attachment Theory influences decision-making through the practitioner's assessment of children's behaviour during separation and reunification with their primary carer. In some scenarios, the identified concerning

behaviours were interpreted as evidence of a suitable attachment that required support as opposed to evidence of harm or an insecure relationship (Keddell, 2017; Buchanan, 2017). Keddell (2017) stated that, as with any theory, an attachment lens can be used to reflect dominant social, cultural, or political beliefs about how the family should be in relationship with the state and the current positioning of the policy agenda.

Keddell (2017) further emphasised that to understand theory to practice, the practitioner requires an understanding of the nature of theories, their cultural positioning, and ethical consequences. It is important for practice that the practitioner can be critically reflective of theories being fundamentally representational rather than a blanket truth, and theory needs to be used cautiously to enhance our understanding of child and adult behaviour instead of limiting it.

It is vital to understand how the practitioner accesses and applies theories such as Attachment Theory due to their role in the mediation between the state, the family, and the child and the flow-on effects on the lives of these families (Keddell, 2017). Aamodt and Hennum (2024) stressed that a more in-depth knowledge of Attachment Theory is required when applying the theory to child welfare work. The practitioner requires sufficient time and recurring opportunities to observe and explore the relational connections central to the life of the child and primary carers (Aamodt & Hennum, 2024).

Front-line practitioners are primarily placed to be a 'port of entry' (Osofsky et al., 2024; Zeanah & Zeanah, 2019) into the life of the child and family, where they can observe moment-to-moment spontaneous interactions (Liebermann et al., 2015). These observations can inform what is working and what is not working within the dyad or family. Moreover, Harlow (2021) asserts that theory informs this but should not replace the relationship between the carers and the infant.

2.3.4 Mentalisation and Attunement

Mentalisation theory expands beyond observation into the ability to imagine what someone else might think or feel or what underlies their mental state (Fonagy & Allison, 2023). This ability facilitates understanding of self and others' behaviour, giving more meaning and predictability. According to Ensink et al. (2015), the capacity of an infant to attain this kind of understanding varies with their parents' capacity, in their ability to attune

to the infant and reflect on their experience in a sensitive environment. This allows the infant to perceive themselves through the parent to develop a sense of themselves as mattering (Thomson-Salo, 2018). Mentalisation is the ability with which infants begin to understand mental states and emotional bonds developed with caregivers (Fonagy & Luyten, 2018). Through this relationship, the carer reflects to the infant how much they matter, which the infant internalises as a sense of being important.

Child Developmental theories have included mentalisation in many forms and explored the relationship between mentalisation, emotional-cognitive growth, mirroring, and attunement in psychological development (Fonagy & Luyten, 2018). Winnicott (1971) believed in the 'good enough' mother, as centrally and famously said, 'There is no such thing as a baby, there is always a baby and someone'. Ogden (1985) expanded upon this, noting that 'there is no such thing as a mother without a baby', and through the primary carer's presence, the infant can experience themselves. However, when the face or voice reflected to the infant is unpredictable or scary, they will experience themselves as unpredictable or unknown (Beebe & Lachman, 2014).

Moll, Pueschel, and Little (2021) noted that in their first year, infants participate in two basic nonverbal relational skills: primary and secondary. Primary refers to face-to-face interactions with their carers, such as eye contact, facial expressions, and vocalisations. These early interactions are emotional and affective, allowing infants to feel more connected to others (Terrance et al., 2022). At about nine to twelve months, secondary nonverbal skills emerge when infants share attention with carers on objects or events in their environment (Moll et al., 2021). Beebe and Lachmann (2014) hypothesised that, during the first year of life, pre-symbolic representation and communication transpire through implicit ways of processing. This processing is procedural, influenced through moment-by-moment interactions between the primary caregiver and infant (Beebe & Lachmann, 2014).

Attunement focuses on one's internal world in relationship to the other in that relationship (Markman, 2020). To experience attuned relationships and mental wellbeing, Thompson (2024) explains that infants must experience emotional arousal, display any discomfort, and have their discomfort recognised and receive soothing that supports a feeling of safety. This affect regulation can be hindered by severe and persistent relational trauma, particularly when combined with neglect (Schore, 2021, 2022). Schore (2021)

suggested that a highly distressed infant who is emotionally unattended by a carer who has been traumatised will ultimately mirror the parent's indifferent emotional tone. Seminal researcher and paediatrician Winnicott (1971) proposed that when an infant looks into the carer's face, they see themselves; this remains core to understanding the infant's attuned experience and the development of mind.

2.3.5 Object Relations Theory

Object Relations Theory (Klein, 1957; Winnicott, 1965) speculates that infants internalise their experiences with caregivers, which form the basis for their later relationships throughout life. The concept of the self-object is derived from the theoretical framework of self-psychology, proposing that an object or another person can be viewed as a functional component of an infant's development of thoughts (Paquette & Terradas, 2018). An object relation is a fundamental building block of the mind that emerges from early, formative interactions with significant individuals, typically the primary caregiver, during critical developmental periods in infancy (Svrakic & Zorumski, 2021).

There are three essential components in Object Relations Theory: a representation of the self, a representation of the significant individual or object, and a representation of the emotionally charged interactive experiences (Summers, 2024). This implies that being the object is advantageous and required for the infant's growth. The carer becomes the infant's internal object, as early relationships are a model for future interactions. Furthermore, the recent integration of neuroscience into this discourse (Schorer, 2021, 2022; Svrakic & Zorumski, 2021) underscores the profound effects of relational trauma on brain development, reinforcing the critical need for trauma-informed practices in child protection settings. This knowledge is vital for practitioners, emphasising the importance of nurturing and stable relationships for infants in OOHC. It aligns with the research aim to advocate for an infant-led praxis that prioritises vulnerable children's emotional and developmental needs.

2.3.6 Intersubjectivity – The Space In-Between

Intersubjectivity refers to the shared emotional and experiential interactions between individuals, particularly in infancy; it emphasises the nonverbal ways that infants connect with carers (Terrace et al., 2022). Intersubjective Systems Theory is the

understanding that the individual's experience constantly develops and preserves itself, evolving within a relational and systems context (Mitchell, 2022). This expands intersubjectivity to consider relational dynamics part of a broader system (Helm, 2016). Critical Subject Intersubjectivity adds a critical lens and includes the intersection of subjective experiences and culture, race, gender, and other categorisations that can create power differentials (Thompson, 2018). Furthermore, this concept focuses on how these experiences are embedded within a system and the subjective experience of the practitioner, along with the potential effects on their practice.

2.3.7 Intersubjective Systems

An infant requires active engagement with sympathetic others to develop practical communication skills and self-regulation of internal emotional states (Zeanah & Dozier, 2021). Likewise, workplace experiences of relationships affect the practitioner constructively and adversely. A study by Ehrhardt and Ragins (2019) explored how employees became more connected to their workplace and experienced more favourable outcomes when they had a more robust psychological attachment to their colleagues. Practitioners must regularly make sudden, crucial, and subjective judgements based on ambiguous and often incomplete information. Good decision-making generally requires extensive research and consideration (Helm, 2016). A study by Helm (2016) suggests that making sense of decisions for the practitioner is not automatically a discrete activity, but is shared between people and across teams. In this way, shared emotional intelligence and relational intersubjectivity can become increasingly important for practitioners in decision-making (Helm, 2016).

Intersubjectivity is the space in between or the relational space (Harrison & Tronick, 2022). In this, a relational atmosphere between worker and client can be considered a third space, where the worker and client connect not only within an interactional space involving an exchange that is cognitive, emotional, verbal, and non-verbal, but is situated within a context of threat. Applying this theory to the OOHS context, the fear of judgement about, removal of or sanctions regarding the care of their infant is imminent. This creates a particular type of intermediate or other space (Fonagy & Allison, 2023; Ransley et al., 2019; Siegel, 2016). The aforementioned, Attunement theory, focuses on one's internal world in relationship to the other in that relationship (Markman, 2020). This internalised reflectivity,

which can be seen in the intricacies of the relationship dynamics between the infant, their carers, the practitioner, and the organisation, can be captured well when conceptualised through the lens of Critical Subject Intersubjectivity (Fort, 2018; Schore, 2021; Vittikh, 2015).

2.3.8 Critical Subject Intersubjectivity

Critical Subject Intersubjectivity (CSI) is a term created to explore this research by combining Intersubjective Systems Theory and critical theory. Critical Systemic Intersubjectivity is an integrated approach that combines insights from Intersubjectivity, Intersubjective Systems Theory, and Critical Theory to provide a deeper understanding of how social and relational dynamics shape individual development and interactions within broader systemic and societal contexts (Fort, 2018; Vittikh, 2015). By synthesising these theories, this approach offers a framework that acknowledges the mutual influence within relationships, highlights the contextual impact of systemic forces, and critiques the power structures that shape relational systems.

CSI proposes that individual experiences and interpersonal relationships cannot be fully understood without considering the influence of wider socioeconomic and cultural forces. For instance, social workers can use this framework to understand how an infant in Out-of-Home Care (OOHC) is shaped not only by attachment and family relationships but also by the structures of the child protection system, economic constraints, and societal norms (Terrace et al., 2022). This approach encourages practitioners to address the interpersonal needs and the systemic inequalities impacting these relationships, promoting a more holistic and transformative practice.

Terrace, Biglow and Beebe (2021) underscore the importance of a dyadic systems perspective, highlighting how client-worker interactions are co-constructed through both interpersonal and intrapersonal processes, aligning with the principles of Critical Systemic Intersubjectivity (CSI). This theory suggests that self-regulation and other-regulation processes develop symbiotically, influencing the other's behaviour within a shared system of relational dynamics (Harrison & Tronick, 2022; Stern, 2018; Terrace et al., 2021). CSI expands on this dyadic view by situating the relationship within systemic contexts that impact these interactions, such as organisational or cultural structures, which can either support or constrain authentic encounters.

Buber (1965) describes this authentic relational experience as the meeting of 'I' and 'You,' where a true sense of self emerges with the other. Conversely, the 'I-It' dynamic, which Buber associates with dehumanising forces like corporate structures, reflects how systemic influences can shape or distort relationships. Górzna (2014) adds that dialogue should honour the axiology of otherness, aligning with CSI's emphasis on co-constructing understanding within relational contexts. Together, these perspectives argue that relational connections must be understood as dyadic and embedded within a larger systemic and often inequitable context, underscoring CSI's call for practitioners to adopt a relationally and critically aware practice that addresses both the interpersonal and the structural dimensions of care.

While attachment theory, mentalisation, and related developmental frameworks offer essential insights into early relational dynamics, they are often within individualised or decontextualised understandings of infant wellbeing. Though valuable, these theories can obscure broader structural forces, cultural influences, and relational ethics that shape caregiving and organisational systems. To address these limitations, this study draws on

Feminist Relational Theory (FRT) is a critical, political, and embodied framework. FRT extends the understanding of care beyond dyadic interactions to consider power, intersectionality, and the systemic conditions that influence how infants and practitioners are seen, supported, and valued within child protection systems.

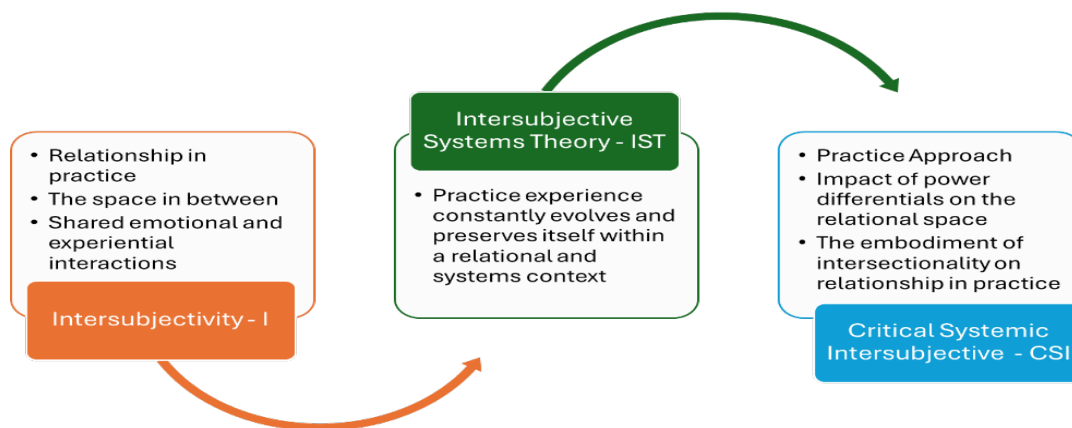


Figure 2.1 Critical Systemic Intersubjective (CSI) framework.

This research has developed a model that integrates intersubjectivity, systems theory, and critical relational practice to reflect the complex, embodied, and ethical dynamics of child protection work.

2.3.9 Feminist Relational Theory (FRT)

Feminist Relational Theory (FRT) offers a critical, ethical, and embodied framework for understanding relationships and care within systems. It recognises that care work is interpersonal and political, shaped by institutional structures, power dynamics, and cultural narratives (Gilligan & Snider, 2018; Tronto, 1993, 2013). Within this research, FRT provides a foundation for examining how relational practices are shaped—and at times constrained—by the systems in which practitioners and infants are embedded.

The origins of FRT lie in feminist critiques of developmental psychology and ethics of care, particularly the work of Carol Gilligan, who challenged dominant theories that prioritised abstract moral reasoning over relational connection (Gilligan, 1982). Building on this, Joan Tronto (1993, 2013) articulated care as a political and ethical activity that includes attentiveness, responsibility, competence, responsiveness, and solidarity. Miller (1976) also contributed foundational insights into how early relational dynamics, particularly those shaped by gendered expectations, influence psychological development and relationality across the lifespan.

FRT is especially relevant in child protection, where institutional norms often position infants and practitioners within bureaucratic systems prioritising risk management over relational care (Morley et al., 2023; Wendt & Moulding, 2017). It invites a critique of these systems by foregrounding the emotional labour and ethical complexity of caregiving, and by resisting reductionist, managerial responses to trauma and need. By doing so, it aligns with an infant-led approach that recognises the infant as an embodied subject—someone who communicates through affect, gesture, and presence—and who relies on others for meaning-making and regulation (Beebe & Lachmann, 2014; Bunston et al., 2022).

In this research, FRT complements and extends Attachment Theory by situating the caregiving relationship within broader social, political, and organisational contexts. It challenges the over-individualised and mother-centric narratives often found in attachment discourse (Buchanan, 2017; White et al., 2019) and instead highlights how relational care must be supported structurally and culturally. Importantly, it also centres the voice and wellbeing of the practitioner, recognising that practitioners cannot offer attuned, relational

care to infants unless they themselves are held in systems that care for them (Ross, 2023; Ruch et al., 2018).

Feminist relational theory also invites an intersectional lens—recognising that gender, race, class, and other axes of identity shape how care is given and received. Within child protection, these intersecting structures influence how mothers are scrutinised, how practitioners are supported or marginalised, and how systems respond to vulnerability (Crenshaw, 1991; Miller, 2022).

This thesis, therefore, draws on FRT to position relational practice not only as a clinical skill but also as an ethical stance and political act, especially when working with the most vulnerable infants in Out-of-Home Care (OOHC). By integrating FRT with infant-led and trauma-informed approaches, this research advocates for systemic change that centres the infant and supports the practitioner through relational accountability, emotional truth-telling, and structural care. The following section draws these lenses together conceptually to inform the study's theoretical foundation and guide its research design and analysis.

2.3.10 Theoretical Integration: Feminist Relational and Infant-Led Approaches

This research integrates feminist relational theory (FRT) (Gilligan, 1982; Tronto, 1993) and infant-led approaches (Beebe & Lachmann, 2014; Bunston et al., 2022) as a conceptual foundation for understanding relational dynamics in child protection practice. While FRT provides a political, ethical, and embodied lens to explore how care and power circulate within systems, the infant-led perspective foregrounds infants' relational subjectivity and vulnerability as active participants in practice contexts.

Together, these lenses challenge dominant individualised models of development and care, offering a framework that honours the ethical labour, emotional attunement, and systemic constraints experienced by practitioners. This integration supports a shift from seeing infants as passive objects of intervention to recognising them as affective and relational beings whose needs and presence are felt in the space between practitioner and system.

This theoretical synthesis informs the research design, data interpretation, and analysis by:

- Embedding attachment and developmental concepts within broader cultural and structural

critiques (Beebe & Lachmann, 2014; Morley et al., 2023),

- Emphasising the co-construction of meaning between practitioner and infant,
- Highlighting the importance of reflective and relational practice amidst organisational complexity.

By drawing these strands together, this study contributes a critical, relationally grounded theoretical approach to infant-focused child protection work, where care is understood not only as interpersonal—but as inherently political and ethically situated (Tronto, 1993; Gilligan & Snider, 2018).

2.4 The Practitioner

Relationships are at the heart of the human experience and, therefore, central to social work and other human services practitioners. The Australian Association of Social Workers (AASW) use a definition of social work jointly agreed to by the International Federation of Social Workers and the International Association of Schools of Social Work (AASW Code of Ethics, 2020).

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversity are central to social work. Underpinned by theories of social work, social sciences, humanities and Indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (CoE, 2020, p. 5).

2.4.1 The Child Protection Practitioner

Social workers and other professionals, such as psychologists, social scientists, police officers, and teachers, are often the primary workers in human service organisations, where infants at developmental risk receive services (Gillingham, 2016). Organisations such as Child Protection, family intervention services, community mental health and public health agencies, baby clinics and hospitals, will have social work at the frontline (Shapiro & Applegate, 2018). Less evident in the literature is how professionals best implement insights gleaned from the expanding knowledge base of early childhood interventions (Shapiro & Applegate, 2018).

Shapiro and Applegate (2018) argue that an infant must always be assessed within a relationship. This relationship-focused assessment identifies the developmental wellbeing of an infant, developing an understanding of the interplay between environmental and statutory factors along with the physical and mental health of the child. According to Shapiro and Applegate (2018), explicit child development theories and implicit organisational cultures are intertwined into relational and organisational contexts that must be considered to understand the practitioner's daily practice.

Ferguson (2017) outlined in his exploration into the home visiting practices of social workers in the UK that the skill and ability of the practitioner rest on their ability to be reflective and engage in meaningful ways through their experiences and observations with others. Ferguson (2017) stated that a crucial way to ensure that safe, relationally based Child Protection practices happen and that children are kept in mind is to provide staff with an organisational culture where they have regular opportunities to reflect on their experiences critically. Three key strategies—creating a safe and supportive environment, facilitating critical reflection, and promoting ongoing professional development—should be addressed to offer quality reflective practice supervision (Beddoe et al., 2022; Hunt et al., 2016).

The practitioner needs to be a primary concern, while the infant, child and family are a priority; it is impossible to supply quality support for children and families if the organisation cannot sustain their workforce (Bates, 2015; Lonne et al., 2016). This supervision and support allow workers to explore their frustrations and daily workplace challenges. Beddoe et al. (2022) asserted that anxious managers tend to micromanage workers seeking measurable outcomes, whereas emphasis should be placed on the quality of practice rather than quantity, such as high caseloads. Every task is of value, and treating everything as an emergency leaves basic tasks aside; management is responsible for reducing stress, not creating it (Barron et al., 2022). Ferguson (2017) states that if the work is too challenging to be done individually, much more support is required in the form of joint home visits, co-working, and quality reflective supervision.

2.4.2 Challenges in Practice

Research by Lefevre (2015; 2017) indicated gaps in knowledge and skills for trainee child protection practitioners in the United Kingdom and identified limitations within current training programs. She observed that social work students, for example, were applying insufficient methods and techniques and appeared to engage in only superficial communication (Lefevre, 2015; 2017). She further purports that courses should offer experiential, personalised, participatory, didactic, and critically reflective educational opportunities through curriculum and practice to ensure a profound, embodied learning of the competencies needed in child protection education (Lefevre, 2015; 2017).

Winter et al. (2018) highlighted that these limitations seem to remain once qualified, where practitioners reported feeling inadequately prepared to communicate with children and families appropriately and meaningfully. Partly, this was identified as due to limited time but also a lack of tools and, in particular, emotional support (Ruch et al., 2020; Winter et al., 2017). This highlighted concerns about burnout, protective defensiveness, and disengaged practice (Winter et al., 2018; Winstanley & Hales, 2014). Such challenges indicate an increased risk in practice for both the practitioner and the children due to staff turnover. With the skilled workforce leaving and new graduates beginning, the capacity of practitioners to see the emotional and mental health needs of an infant is compromised (Healy, 2020).

Fraiberg et al. (1975) developed an understanding of infant mental health and intergenerational traumas through their seminal work on 'ghosts in the nursery'. Explain what "ghosts in the nursery" means so we understand its importance. According to Norman-Murch and Wollenburg (2000), in their work on supervision and training in early childhood intervention, trainers and leaders need to be aware of and scaffold experiences around the 'ghosts in the workplace', which, without such scaffolding, can destabilise professional development efforts in their practitioners. Practitioners in Child Protection can only perform to the best of their abilities when their organisations fully support them (Huang, 2024).

Munro (2011) further argues that without adequate resources, training, and a strong support system, even the most dedicated practitioner may find it challenging to meet the

complex needs of vulnerable children. Similarly, Ruch et al (2018, 2020) posit that organisational support is crucial if practitioners effectively navigate their work's emotional and practical demands. To respond to practitioner challenges, Ferguson (2016) argues that when organisations prioritise the wellbeing and development of their staff, they empower practitioners to provide the highest standard of care and protection for children.

2.4.3 Trauma and the Practitioner

In the scope of Child Protection, practitioners are immersed in the trauma narrative of their clients, which inevitably impacts the practitioner (Lonne et al., 2016). However, Molnar et al (2020) argue that discussions about the impact of vicarious or secondary trauma and burnout are typically avoided until practitioners reach a certain stage in their careers when it becomes unavoidable. Handling the traumatic stories of vulnerable children and families presents an inherent occupational challenge with potential adverse effects on practitioners (Hunt et al., 2016).

Molnar et al. (2017) argue that while practitioners in fields like Child Protection are vulnerable to vicarious trauma due to repeated exposure to traumatic cases, there are effective strategies for mitigating this impact. They suggest that implementing protective factors, such as access to mental health resources, training in trauma-informed care, fostering a supportive work culture, and regular reflective supervision, can help practitioners build resilience and reduce the risk of vicarious trauma (Molnar et al., 2017). Complex family systems and intricate dynamics can create the perception of practitioners being unresponsive, inflexible, and inhumane, which, in turn, can affect the functionality of Child Protection staff and their mental wellbeing, as well as their ability to make sound decisions (Russ et al., 2020).

Practitioners working in the domains of domestic violence, abuse, and sexual assault frequently encounter distressing client narratives, placing them at risk of experiencing vicarious trauma themselves (Bloom, 2014; Molnar et al., 2020). The ongoing issue of burnout and vicarious trauma in the medical field parallels the challenges faced by practitioners in the Child Protection field, for example, the constant flow of need for response in the client base. According to Winning's (2023) article on physician burnout,

healthcare providers often find themselves as the focal point of their patients' anxieties and fears, functioning as a receptacle for their emotions.

2.4.4 Best Interests of the Child and Decision-Making

The idea of acting in the child's 'best interests' is a cornerstone of decision-making in Child Protection. However, this principle does not exist in a vacuum; it is shaped by the particular time the practice occurs and the broader and often conflicting social, political, and cultural agendas impacting a nation-state (Lynch, 2017). As these national priorities shift, so does the interpretation of what is best for the child (Keddell, 2017). This can create tensions and inconsistencies in how decisions are made and applied, sometimes leading to outcomes that reflect broader societal debates rather than the child's needs (Tisdall et al., 2021).

According to Skivenes and Sørdsal (2018), the vagueness of the term 'best interests' is unhelpful as a guideline for decision-making due to the impossibility of speculating on unknown future results. Therefore, it compels a choice between contextual and sometimes peculiar or equally disagreeable alternatives (Skivenes & Sørdsal, 2018). Plush (2021) highlighted that the concept of best interests is used subjectively without adequately including the voices of the children and the families it strives to support. This compelling concept influences children and families, affecting life-changing outcomes (Plush, 2021).

Considering children's best interests as a guiding principle for decision-making by professionals necessitates a thoughtful examination of societal norms and the imposition of prescriptive decisions, despite the diverse approaches to childrearing (Skivenes & Sørdsal, 2018). Various parenting styles vary significantly across different countries, reflecting cultural divergences and the subsequent guiding frameworks (Bywaters et al., 2020; Dickens et al., 2017; Hestbæk et al., 2020). These differences in practice and theoretical preferences give rise to variations in decision-making. For instance, Kaganas (2018) explored using children's best interest discourses in child contact proceedings and found that the primary concern was upholding a normalised form of parenthood.

Forslund et al. (2022) also recently noted conflicting beliefs in the discourse on what constitutes the child's best interests. Featherstone et al (2019) argue that professionals are sometimes influenced by personal opinions and historical and cultural factors, rather than a current understanding of evidence-based practices. Predictably, each profession is

influenced by its professional commitments to specific viewpoints, and this suggests that critically reflective supervision is required to mitigate bias.

Keddell (2017) highlighted that such discourses promote general claims about the nature of children without locating those claims in historical and cultural contexts. This perspective can result in an intense focus on parenting, or poor parenting, as the only cause of childhood problems (Featherstone et al., 2019). However, there is a complex interrelationship between structural issues such as poverty, unemployment and discrimination, the meso range of services and supports, and micro family and peer relationships and child factors (Bywaters et al., 2020).

Consideration is then given to questions about complicating factors in the representation of voice, such as cultural differences and accepted child development theories (Keddell, 2017). The experiences of children and their parents who have experienced the Child Protection system are further impacted by the managerialisation of Child Protection (Lonne et al., 2021). Managerialism has adversely affected workers' ability to invite, hear and understand the voices of the children, young people and families they work with (Plush, 2021). Much like the challenges faced by sociocultural contexts for children and families, the practitioners are influenced and directed by the organisation and national agenda of the day (Keddell, 2017).

This tension between child-focused legislation and adult-centric decision-making reflects broader issues of power and representation within child protection. While the “best interests” principle seeks to protect vulnerable children, it can obscure the nuanced needs of infants, particularly when those needs are not expressed in the dominant language of rights or risk. Although infant wellbeing is central to statutory frameworks, the infant's own voice often remains absent from policy, assessment, and intervention.

Literature suggests that infants are more often spoken for—than engaged with as meaning-makers in their own right (Thomson-Salo, 2018; Bunston et al., 2021). This silence reflects broader adult-centric assumptions and underscores the need for practices that interpret and respond to infants’ embodied, preverbal communications as legitimate contributions to decision-making. These tensions are also evident in how practitioners are supported to engage relationally with infants, particularly through reflective practice and supervision.

2.4.5 Reflective Practice Supervision

Supervision in child protection is a standing requirement for good practice. Ideally, it should encompass reflective, supportive, educational, and case management responsibilities (Hunt et al., 2016; Oates, 2022). Reflective practice, originating in fields such as education and mental health, involves a problem-solving process that enables practitioners to critically consider their behaviours and responses (Kucharczyk et al., 2019). It involves stepping back from the immediate problem to reflect on contributing factors, drawing on knowledge, skills, and experience.

In infant and early childhood mental health, reflective supervision requires practitioners to attend not only to case content but also to the emotional and relational dimensions of their work with families (Shea, 2019; Shea et al., 2020). While supervision is a longstanding and embedded practice within social work education and professional standards (Oates, 2022), its implementation in statutory contexts often leans heavily toward administrative or managerial oversight. Oates (2022) highlights literature that critiques such approaches, arguing that managerial and political priorities can divert attention from practitioner development and wellbeing (Hunt et al., 2016). As noted above, when the emotional toll of trauma is left unaddressed, it can undermine service delivery and lead to inconsistencies in caseworker practice, ultimately impacting children and families (Lonne et al., 2021).

Organisational culture significantly influences the quality and experience of supervision. Beddoe (2017) observes that culture shapes how practitioners view themselves and their professional roles. In the Australian statutory context, Egan, Maidment, and Connolly (2018) found that supervision often relies on case notes and practitioner self-reporting—practices that may support critical reflection but are more often geared toward auditing and compliance. These approaches can eclipse the service user's experience and reduce supervision to a bureaucratic task. Moreover, Egan et al. (2018) emphasise the challenges of supervision in statutory child protection due to time scarcity and case complexity. O'Sullivan (2019) adds that practitioners require structured, reflective opportunities to explore their work's emotional and ethical demands—opportunities often limited or deprioritised depending on the organisation's culture and values.

Reflective supervision should ideally be distinct from line management and focused on the practitioner's personal and professional development (Beddoe et al., 2022). Benton et al. (2017) describe reflective supervision as “sacred time,” a protected space where practitioners can explore ideas and deepen their practice. Discipline-specific supervision also matters—for instance, supervision provided by a non-social work manager may neglect the theoretical and critical reflection central to social work practice (Ide & Beddoe, 2024).

O'Sullivan (2019) stresses the need for supervision that acknowledges the intense emotional labour of child protection. Practitioners must face the powerful, often primal emotional states that underpin their work with vulnerable families. Supervision can offer a space to process the pain and heartbreak that so often accompany this work—an alternative to the avoidance or emotional suppression common in high-pressure environments. However, as Beddoe et al. (2022), Featherstone et al. (2019), and Oates (2022) argue, without broader shifts in organisational culture, many practitioners may not feel safe enough to bring such vulnerability into the supervisory space.

Reflexivity is a core aspect of feminist praxis, inviting practitioners to critically examine their values, power, and positionality in relation to those they support (Fook, 2018). In child protection, reflective practice becomes a mode of resistance, countering organisational cultures prioritising surveillance over care. Reflexive supervision, therefore, is a developmental tool and an ethical space in which emotional complexity, relational knowledge, and embodied responses are legitimised and explored. To fully understand the possibilities and limitations of reflective practice in child protection, it is necessary to examine the organisational contexts in which supervision, care, and ethical decision-making are enacted.

2.5 Organisational Contexts

The capacity for reflective supervision to support relational, ethical practice with infants and families does not occur in a vacuum. From a feminist relational perspective, such practice is embedded within—and often constrained by—the organisational systems in which practitioners work. Individual commitment and systemic conditions actively supporting care, embodiment, and ethical relationality are required to centre infants as meaning-makers and sustain reflexivity.

Child Protection involves safeguarding children from violence, exploitation, abuse, neglect, and harmful practices (Britto, 2017; White et al., 2022). When a child's home is no longer safe, these systems ensure their physical, social, mental and emotional wellbeing, securing their futures (Britto, 2017; White et al., 2022). At its core, Child Protection upholds the fundamental rights of children, including their right to safety, freedom from harm and the stability of a nurturing family environment (UN et al., 1989).

2.5.1 The Changing Contexts of Child Protection Practice

Historically, Child Protection and social work have been closely intertwined, with some countries merging these roles into a single profession. However, in the past 20 years, this relationship has begun to evolve (Shireman, 2015). Notably, Rogowski (2024) argues that the shift from terminology like 'child abuse' to 'child protection' or 'safeguarding' reflects a broader departure from direct practice, resulting in a de-professionalisation of the field. This change suggests that the focus has increasingly shifted away from hands-on engagement with children and families, which is crucial for effective support and intervention.

Parton (2017) concurs, highlighting that practitioners are often overloaded with administrative tasks, spending much of their time on desk work and computer-based processes, rather than direct interaction with clients. Furthermore, Winter et al. (2018) identify recurring themes in the UK Child Protection system where children are not seen frequently enough, leading to insufficient engagement with their opinions and feelings. This lack of direct engagement raises concerns about the adequacy of support provided to vulnerable children, indicating a need for a reassessment of practice priorities in order to enhance the effectiveness of Child Protection interventions.

Child Protection Services encounter significant challenges and ongoing scrutiny (Rogowski, 2024). Critiques highlight systemic deficiencies, such as the reliance on unproven interventions, low-quality services, cultural biases, insufficient preventative measures, and a failure to guarantee children's safety (Child Protection Systems Royal Commission, 2016; Milner & Kelly, 2021). Additional hurdles include a risk-averse organisational culture, high staff workloads, and escalating costs within the system (Beddoe et al., 2022).

The intersection of Child Protection with issues like domestic violence, substance abuse, and mental health complicates matters further, as fragmented and competitive health and human services hinder effective collaboration. Within this heavily scrutinised and resource-strapped environment, practitioners may find it difficult to fulfil their roles' moral and emotional responsibilities, particularly under the pressures imposed by a neoliberal framework (Rogowski, 2024).

2.5.2 Challenges in the Child Protection System

According to Ferguson (2016), apart from the investigation into the practitioner where there has been a death of a child, there is little research knowledge that identifies the everyday practice of contact between practitioners, children, parents, and other adults. Dore (2020) concurs that to understand the practitioner, their role parameters, and the skills required, it is imperative to develop a deeper understanding of the nature of everyday face-to-face practice.

According to Bunger et al. (2021), all children five years and under who are in OOHC should receive a comprehensive mental health screening and or assessment. Improving outcomes for infants in child welfare requires interventions uniquely planned to support the individual needs of infants and their families (Vasileva & Petermann, 2018). However, these types of support cannot be created without understanding the broader societal context and experiences of these infants that are individualised to that infant and their family (Pritchett et al., 2015). Bunger et al. (2021) argued that thorough consideration can only come through a comprehensive assessment.

In 2013, The Hon. Tim Carmody QC headed a Commission of Inquiry reviewing the Queensland Child Protection system and concluded that the current Child Protection system is not safeguarding children's wellbeing and best interests as effectively as it could. Causes of systemic failure were identified, such as insufficient funding for early intervention to support vulnerable families, an extensive risk-averse culture driving coercive strategies rather than supportive ones, and increased risk aversion following media and community investigations that seek to blame Child Protection services (Carmody, 2013). The commission's recommendations included a model for earlier intervention specialist mental health services for children at risk of entering or in OOHC (Carmody, 2013). Notably, the

report highlighted that families cannot be supported or children protected unless the Child Protection workforce has the necessary skills, ability, knowledge, and aptitude (Carmody, 2013).

In a survey of practitioners in North Queensland, Zuchowski (2019) discovered that five years after the Carmody enquiry, non-government practitioners appeared to be coping with more difficult cases without the requisite additional resources. Furthermore, there is a view that collaboration with Child Protection personnel has deteriorated, rather than improved. Moreover, results suggest that Child Protection workers have not fully transitioned to the new practice framework (Zuchowski, 2019; Zuchowski & Gair, 2022). Since the enquiry emphasises the need for practitioners to understand children's mental health issues, it is vital to critically review existing relationship practices, as shown by Zuchowski's (2019) study.

A scoping review by Molakeng, Truter and Fouché (2021) highlighted that several studies note that the working conditions of Child Protection practitioners place many of them at risk for negative outcomes. They further state that these working conditions have been reported in the USA, Norway, Sweden, South Africa, Canada, Ireland, the United Kingdom, and Italy (Molakeng et al., 2021). Although Australia is a relatively prosperous country, there are troubling disparities among those who experience issues such as homelessness, child abuse and insufficient care for people with a disability, which requires ongoing attention (AIHW, 2023). Such highly disadvantaged populations are disproportionately represented within Child Protection organisations.

As noted, in Australia, as with other parts of the world, there is increasing evidence that current Child Protection systems often have highly stressful and challenging work environments resulting from the complexities inherent in working with high-risk and multiply disadvantaged client groups (Beddoe et al., 2022; Dore, 2024; Molnar et al., 2020; Rogowski, 2024). The fact that the client group for the practitioner is, first and foremost, the vulnerable child—from newborns through to young adults—compounds the urgency, seriousness, and intricacy of the work.

The associated stress can leave front-line workers with poor morale, leading to problems in retention and recruitment of additional staff (Beddoe et al., 2022; Healy, 2020). Furthermore, Chan, Fan and Snell (2021) highlight the harm to children and their families

when there is a depleted and fractured organisational system response. Malone's (2024) analysis emphasises that the human cost to practitioners can be vast. These individual concerns also relate to broader systemic issues such as increased sick leave, performance issues, lower job satisfaction, and high turnover rates (Lamothe et al., 2018; Molakeng et al., 2021).

While not to detract from how difficult and overwhelming it can be to work in this profession, Malone (2024) also highlights that post-trauma growth is possible. Research suggests that positive change is achievable for practitioners with the right support, offering hope amidst the challenges. However, despite this potential for growth, systemic pressures continue to constrain practice. According to Parton (2020), research establishes how organisational constraints and unrealistic statutory demands can lead practitioners to take shortcuts that increase risks, such as not spending enough time with a family or completing incomplete paperwork.

On one home visit, it was observed by Ferguson (2017) that the *state of mind* of the social worker on arrival was absent, which he attributed to the hours spent on the computer and the sense of feeling pressured to be in the office to attend to the paperwork. Ferguson noted that the social worker was in a "bureaucratically preoccupied state" (2017, p. 1019), never "mentally" leaving the office, with their "heart not in it" and had limited insight (2017, p. 1019). The challenges of being mentally and emotionally present could indicate a workplace culture of limited support, leading to superficial and unsafe Child Protection work that occurs in everyday practice (Ferguson, 2016, 2017, 2018; Keddell, 2017; Parton, 2020).

Ferguson (2017) further argued that as a result, children become invisible and unsupported due in part to the influence of organisational processes. The practitioner's personal and professional qualities, visceral experience and emotional state during encounters with the child and family, and the environments in which the practice occurs all influence the practitioner-infant relationship.

Shier, Graham and Nicholas (2018) argued that enhancing the quality of interpersonal interactions can ease adverse workplace outcomes. Shier et al. (2018) explain that the lack of research in this field is troubling because exposure to work-related violence can have long-term psycho-social, emotional, and physical effects on people. Malone (2024) highlighted that further research is required due to the widespread nature of workplace

violence throughout the practitioner's work life. The practitioner can experience persistent violence in the workplace through contact with clients, colleagues, supervisors, and administrators that can comprise both direct and indirect interactions (Middleton et al., 2019; Lonne et al., 2016).

Bloom (2017) stated that almost all variations of human service organisations are under relentless strain. She explained that ever-decreasing resources combined with increased regulation, loss of control and fear of risk can negatively influence organisational cultures (Bloom, 2014, 2017). In the Australian context, Russ et al. (2020) indicated that current practices can be ineffective in safeguarding children and their families. Furthermore, they argue that there is an ongoing crisis within policy and organisational environments (Russ et al., 2020).

Healy (2020) indicated that the direction of child welfare policymaking is generally politically motivated and ignores the voices of children, families, and practitioners. Bloom (2017) asserted that every caregiving organisation is a living, complex adaptive system, and if change is possible, then the people within that system need to be empowered to enable those changes, or they will not happen. She suggested that this kind of top-down drive may work for machines, but it is not a functional approach for changing children, families, or organisations (Bloom, 2017).

Bloom (2014, 2017) contended that organisational design must minimise shortfalls to maximise potential in maintaining and enticing quality practitioners. Research by Carter and Blanch (2019) highlighted that the changes organisations need to make to become trauma-informed are difficult to identify and sustain. Their work aimed to define the process and identify key indicators for change, through a trauma-informed developmental approach to "guide organisations and communities toward the deeper, systemic change required to address seemingly intractable social problems" (Carter & Blanch, 2019, p.50).

2.5.3 Infant-led Organisations

Infant-centred organisational approaches prioritise the needs and perspectives of infants above all else in fields like child welfare and early childhood education. While safeguarding infants is a reason for organisations to engage with families, there are opportunities to privilege an infant or young child's viewpoint. Introducing infant-led

practices within an organisation requires a shift in how professionals approach and perceive their work (Bunston, 2018). According to Gallese (2014b), a physically related experience allows a direct connection to the intention of actions made by others and of the emotions and sensations they experience. This concept states that when the intentional behaviour of another is met through embodied mirroring, a definite process happens where the brain/body system reproduces its interactions with the world (Schoore, 2021).

Gallese (2014b) stated that the initiation has an explicit phenomenal state of intentional attunement when the relationship is observed and felt with reflective attention. While not about direct Child Protection practice, Gallese's 'intentional attunement' gives context to what is required to affect change in relational work. Through embodied simulation, we do not just see an action, emotion, or sensation but experience it through the sensory depiction of the observed internalised descriptors of the body states connected with these actions, emotions, and sensations evoked in the observer (Gallese, 2014a; Tomson-Salo, 2017).

Seminal infant researchers such as Stern (2018) emphasised that the infant's whole experience is reflected in the other, requiring the other to hold the infant in mind. This infant-centred thinking then drives practice to become infant-led, requiring a mental shift on the practitioner's part where they are curious about what the infant may be thinking, imagining, expressing, and feeling (Bunston et al., 2020). An infant-centred perspective holds that Infants are active participants in their world who constantly communicate to the external world how their internal world is coping (Bunston et al., 2016).

Caregiving adults are being asked to be emotionally honest with the infants in their care, where they appropriately reflect what they see and feel to the infant and themselves (Bunston, 2017). For example, *are you feeling frightened right now? We were loud, hey*, it is not essential here that the infant understands the words, but will experience the caring intent of the adult, allowing a repair in ruptures that may have taken place within the relationship (Cooper et al., 2013). In this way, the practitioner and the organisation can include the infant in conversations when they enter their homes, and they can also model a way for the carer to communicate with the infant.

Earlier infant mental health researchers, Wotherspoon, O'Neill-LaBerge and Pirie (2008) highlighted that the financial and humanitarian costs of a failure to meet young

children's unmet emotional, mental health and relationship needs are far beyond the costs that would be required to intervene early. While increasingly available, cost-effective, evidence-based early intervention programs and services are still needed (Wotherspoon et al., 2008). Improved wellbeing trajectories can be achieved by investigating the systemic issues and decision-making practices that comprise the nature of care provided. Chinitz et al. (2017) agreed that the challenges to an infant's wellbeing entering OOHC require intensive relationship-based interventions to promote secure attachment. They further highlight that child welfare decision-makers must also be educated about infant brain development and the nature of each child's unique situation (Chinitz et al., 2017).

2.6 Implications for Research

This literature review has identified significant gaps in knowledge for both practitioners and organisations, particularly regarding how infants' unique developmental and emotional needs are often overlooked in Out-of-Home Care (OOHC) settings. This research aims to improve the formal Child Protection system's response to infants in OOHC, enhancing the likelihood of positive developmental outcomes and reducing long-term mental health vulnerabilities (Chintz et al., 2017).

Research by Ferguson (2018) and Lefevre (2015) underscores the need for more targeted training and reflective practice in infant-led approaches, which support practitioners in better interpreting and responding to infants' nonverbal cues and emotional states. This study responds to those needs by proposing an infant-led praxis and examining how Child Protection systems can support practitioners in strengthening their relational engagement with infants.

The study also explores the broader organisational shifts required to embed infant-led practice, contributing theoretically and practically. While the importance of relationship-based practice is well-documented, limited research addresses the specific dynamics of practitioner-infant relationships within OOHC contexts (Ash & Grey, 2022; Evans, 2020; Ferguson, 2018).

Through critical exploration, this research contributes to the evidence base supporting infant-led practice and enhances understanding of how organisational systems can better support practitioners (Lonne et al., 2016). While undergraduate training provides

a general foundation, infant mental health represents a specialist body of knowledge that may not be well-integrated into standard curricula (Kemble, 2016). Therefore, a formal organisational commitment to expanding practitioner capability is required.

Ruch (2013) identifies four essential elements for understanding relationship-based practice: the client, the professional self, the organisational context, and the knowledge informing practice. Practitioners need support to enter a state of readiness for attuned relational work with infants and carers. Reflective supervision then enables sense-making and emotional processing of this work (Bloom, 2014; Ferguson, 2017; Lonne et al., 2021).

This research aims to spark two critical conversations within organisations: first, regarding the relational work between practitioners and infants; and second, the role of the system in supporting that work (Ferguson, 2018). By addressing these gaps, the study advocates for stronger integration of infant-led, early intervention practices and a more holistic organisational commitment to traumatised service users (Bloom, 2014).

While the literature significantly supports relationship-based practice, further research is needed to evaluate how infant-led practices are implemented and sustained in Child Protection settings (Berridge, 2017).

2.7 Chapter Conclusion

This chapter reviews the literature on child protection practice, focusing on the infant, the practitioner, and the organisation. It highlights gaps in research that the current study seeks to address, particularly at the intersection of infant mental health, relational practice, and systemic constraints in OOHC contexts.

The review began by discussing infant mental health as a field of practice and exploring foundational concepts such as relationship-based work and attachment. This was followed by attention to the specific needs of infants in OOHC, unborn notifications, and the experiences of First Nations infants. The chapter then examined the identity and role of the practitioner, with a focus on trauma exposure and systemic pressures. Further attention was given to ethical complexities surrounding the ‘best interests of the child’ discourse and how organisational structures and violence shape practice.

The chapter concluded with a discussion on what an infant-led organisation might look like and the role of reflective supervision as feminist praxis. It foregrounded the importance of relational ethics, emotional labour, and practitioner reflexivity, which are frequently marginalised within dominant managerial approaches to supervision and service delivery. Drawing on feminist relational theory, the study positions infants not as passive recipients of care, but as embodied, meaning-making subjects whose presence shapes—and is shaped by—relational, systemic, and organisational dynamics.

The following chapter outlines the methodology and theoretical frameworks that guided the study, including the researcher's positioning and the methods used for data collection and analysis.

Chapter Three: Methodology

3.1 Chapter Overview

This chapter outlines the methodological framework used to explore how child protection practitioners *hold the infant in mind* in their practice, particularly in out-of-home care (OOHC). It begins by articulating the research's philosophical foundations — specifically, a relational ontology, a critical feminist epistemology, and an interpretivist qualitative methodology. These foundations inform the research design and its alignment with an infant-led and practitioner-informed approach.

The chapter then introduces the rationale for using qualitative methods—primarily semi-structured interviews—and explores how infant-led and feminist relational commitments shaped these methods. The data were analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006, 2022), consistent with the interpretivist framework and feminist relational lens guiding this study. This chapter also discusses the role of the researcher, ethical considerations, limitations, and the steps taken to maintain relational integrity throughout the research. It concludes with an introduction to the participants and their engagement in the study.

3.2 Philosophical Foundations

3.2.1 Ontology: A Relational View of the Social World

This research adopts a relational ontology, which views the self not as an isolated unit but as constituted through relationships. In infant-practitioner interactions, this framing emphasises the mutuality and interdependence of human experience, aligning closely with feminist and infant-led traditions. As Mauthner (2021) argues, “relations between entities are ontologically more important than the entities themselves.” This approach supports a view of infants as emerging through connection—and practitioners as shaped by their relational contexts, including the systems within which they work.

3.2.2 Epistemology: Critical and Feminist Relational Knowledge

Epistemologically, this study is situated within a critical and feminist relational paradigm. This approach acknowledges that knowledge is socially constructed, shaped by

power, and embedded in historical and political contexts (Fook, 2022). It foregrounds the importance of lived experience—especially that of marginalised groups, such as infants and frontline practitioners—and centres ethical, relational knowing as both valid and essential.

Feminist Relational Theory (FRT) enhances this paradigm by challenging abstract, individualistic models of knowledge and instead situating meaning within webs of care, power, and affect (Koggel et al., 2022). FRT is particularly relevant to child protection practice, where gendered assumptions around care, surveillance, and professional identity are pervasive (Allen, 2023). The theory also holds space for complexity and intersectionality—essential when considering both the practitioner’s experience and the often-unheard perspective of the infant.

This study also recognises that care, relational work, and child protection practice are deeply gendered. Feminist theory addresses how the burden of care, *particularly for infants*, is shaped by patriarchal structures that often devalue care and relational labour (Tronto, 1993; Wendt & Moulding, 2017).

3.2.3 Methodology: Interpretivist, Critical, and Infant-Led

Methodologically, this research is best described as interpretivist qualitative research, influenced by critical theory, feminist relational ethics, and infant-led approaches. The interpretivist tradition supports narrative and meaning-making, recognising that practitioner accounts are shaped by context, identity, and emotion. This aligns with critical social work, which resists neutrality and advocates for reflexivity and transformation (Morley & Beekman, 2024).

Infant-led research is emerging as a distinct methodological orientation. Though the infant is not a direct participant in this study, their presence is held at the centre of the research design through practices that reflect and prioritise their experience. This includes using emotionally attuned interviewing techniques, reflective journaling, and intersubjective listening to invite practitioners to more deeply contemplate the infant's world (Bunston et al., 2020; Thomson-Salo, 2018).

These practices also required an ongoing reflexive awareness of my own role in the research process—how my experiences, values, and emotions shaped the relational field.

3.2.4 Reflexivity of the Researcher

In alignment with feminist qualitative traditions, this research positions reflexivity as a critical methodological and ethical practice. Rather than viewing objectivity as a goal, I approached the research as a relational process shaped by my experiences, values, and positionality as a practitioner, woman, and mother. Reflexivity supported the integrity of the research by allowing me to interrogate how my presence, assumptions, and emotional responses shaped each stage of the project—from research design to data collection, analysis, and interpretation.

Following Folkes (2023), drawing on a *kitchen table reflexivity* approach, using everyday writing, emotional reflection, and embodied awareness to stay close to the topic's complex and often deeply felt nature. My practice of journaling before and after each interview helped to illuminate moments of resonance, resistance, or projection. This allowed me to consider not only what was said by participants, but how it was felt and received in the shared relational space of the interview.

I also remained attuned to insider–outsider dynamics in the research process, particularly in contexts where I shared professional commonalities with participants. These overlaps sometimes created a sense of solidarity, but also required careful negotiation of boundaries and assumptions. As Yip (2023) and Kee et al. (2001) suggest, reflexivity in such instances involves acknowledging the shifting power relations and cultural norms that shape cross-professional conversations.

Reflexivity was further supported through regular supervision and dialogue with critical peers, which helped to unpack moments of emotional intensity and explore potential blind spots. Ultimately, this reflexive stance allowed for a more nuanced, ethically grounded analysis honouring both the practitioner's voice and the infant's imagined experience.

3.2.5 Infant-Led Research Methodology

This research adopts an infant-led methodology—a practice-based approach drawn from infant mental health and relational psychoanalytic traditions (Bunston et al., 2020). Though the infant is not a direct participant in this study, the research design prioritises their presence, perspective, and relational world through careful, ethically attuned

methods. The aim is to hold the infant in mind—not only in intent, but throughout the data collection, interpretation, and analytic process.

Infant-led practices have long been a hallmark of infant mental health (IMH), where clinicians and psychotherapists seek to attune to an infant’s emotional world through observation, responsiveness, and reflection (Bunston & Jones, 2023; Stern, 2018b). Despite increasing attention to infant wellbeing and brain development, research rarely privileges the infant's subjective experience. As Bunston (2020) described, infant-led research invites speculation about what the infant may be experiencing, grounded in practice knowledge. It affirms their right to be included in matters that affect them.

This research draws on the tradition of infant observation training, first developed by Esther Bick at the Tavistock Clinic in 1948, and now used widely in psychotherapeutic education (Bick, 1964; Datler et al., 2014). These traditions encourage researchers and practitioners to remain present, observe deeply, and reflect on their emotional responses to the infant and the relational field. While direct infant observation was not possible in this study due to ethical and logistical constraints, this sensibility underpins the interview process and the analytic approach.

3.2.6 Holding the Infant in Mind Through Narrative Interviewing

Through the interview process, I prioritised relational space before, during, and after participants shared their narratives. Drawing on the principles of infant observation, I stayed attuned to the emotional tone of each interview, noticing not only what was said but also how it was said and how I experienced the interaction. After each interview, I recorded reflexive notes, including my thoughts, feelings, and any embodied responses that emerged during the conversation. These notes helped me understand how the infant was held in mind—both by the practitioner and myself—and how that presence shaped the interview space. While I did not conduct traditional infant observation, I drew from its sensibilities to inform an attuned, responsive interviewing practice. This reflective stance allowed me to trace how infants were represented emotionally, relationally, and symbolically in practitioners’ accounts, and how this influenced the analytic process.

Questions included:

- “When you entered the home, what did you notice about the infant?”

- “What do you imagine the infant might be experiencing now?”
- “How do you respond when an infant expresses distress or discomfort?”

In this way, the research aimed to model a form of relational inquiry, prompting practitioners to reflect on the infant’s subjective world and consider how they engage with it. Thus, the infant is held in mind through the practitioner’s memory, interpretation, and emotional recall. This mirrors the practice of *speaking for baby* (Fraiberg et al., 1975; Thomson-Salo, 2018), a psychodynamic method where the infant’s experience is interpreted and given voice through a reflective adult. While this technique was used sparingly and sensitively in the study, it shaped how interviews were scaffolded and the reflective space created.

3.2.7 Infant Observation as a Methodological Influence

Although infant observation was not a primary data collection method, its principles informed the research design. As a researcher trained in this tradition, I carried forward its core commitments:

- Attuning to the non-verbal, sensory, and emotional aspects of practitioner narratives
- Holding space for ambiguity and emotional resonance
- Reflecting on my own emotional responses and countertransference throughout interviews

As Ingold (2017) argued, observation and participation are never separate; the observer is always implicated in the experience. Thus, I approached each interview with an awareness of the intersubjective field between myself and the participant, and between the participant and the infant they described. This stance of relational attentiveness formed part of the data, particularly as I journaled reflections after each interview, attending to moments of emotional salience, resonance, or disconnection.

3.2.8 Reflective Practice as Method and Model

This methodological approach resonates with Ferguson’s (2017) ethnographic research into child protection practice, which highlights the emotional and relational dynamics of home visiting. Ferguson found that reflective preparation—including the transition from office to home—created vital space for practitioners to prepare themselves

emotionally and cognitively. Similarly, this study used the interview space as a reflective container, inviting practitioners to revisit moments of connection, uncertainty, or distress in their work with infants.

The research process mirrored the attuned, relational presence expected in direct infant work by narratively *accompanying* the practitioner through their reflections. This process was supported by critical reflexivity, enabling practitioners to explore not only their interactions with infants but also how these were shaped by organisational dynamics, supervision, and structural pressures (Chinitz et al., 2017; Ruch et al., 2020).

In this way, the methodology becomes both a research approach and a form of inquiry that invites relational insight for both researcher and participant.

3.2.9 Conceptual Framework

A conceptual framework offers a flexible, evolving structure that informs and guides a qualitative study's design, focus, and interpretation (Maxwell, 2022). It helps shape the research questions, identify suitable methods, and situate the researcher within a particular philosophical and theoretical space.

This framework's *nested* elements reflect the integration of key conceptual and methodological commitments that underpin the research. These include:

- **Philosophical Approach:**
 - *Feminist Relational Theory* (Koggel et al., 2022)
 - *Infant-Led Research* (Bunston et al., 2020)
- **Theoretical Influences:**
 - *Critical Theory* (Fook, 2022)
 - *Intersubjectivity and Critical Systemic Intersubjectivity* (Levitt et al., 2021; Burg, 2023)
- **Analytic Framework:**
 - *Reflexive Thematic Analysis* (Braun & Clarke, 2022)

These components are interwoven throughout the study's design, implementation, and interpretation. The research began with a strong feminist and infant-led orientation,

supported by a critical lens that made space for questions about power, marginalisation, and systemic structures in child protection. Intersubjectivity shaped how relationships between infant and practitioner, practitioner and organisation, and researcher and participant were understood and explored. Reflexive thematic analysis allowed for an open, responsive engagement with the data, enabling the voices of practitioners—and the imagined presence of infants—to remain central.

This layered framework supported the development of what is now offered as infant-led praxis—a new, relationally grounded orientation to child protection practice that centres the infant as subject and emphasises the emotional, ethical, and systemic dynamics of care.

3.3 Position of the Researcher

The researcher's position encompasses key philosophical considerations: ontology, referring to beliefs about the nature of reality and what can be known; and epistemology, concerning how knowledge is formed and how the researcher relates to that knowledge and the world (Holmes, 2020). In this research, shaped by a critical theoretical approach, I am particularly concerned with disrupting power hierarchies between the researcher and the researched (Hesse-Biber, 2022). As such, I am a reflexive, insider researcher with shared practice histories and commitments to care that shape every phase of this inquiry.

My professional background includes nearly three decades in frontline mental health and child protection roles. I have worked closely with both statutory and non-statutory child protection organisations and have witnessed first-hand the organisational anxiety, structural barriers, and relational gaps that surround infant care in practice. These lived professional experiences form the foundation of my insider knowledge and create a strong sense of relational and ethical accountability to the practitioners and the infants at the centre of this study.

Following Kee et al. (2001), I recognise that insider and outsider positions are fluid and context-dependent. While I shared professional ground with participants—language, frameworks, and emotional labour—I was also an academic researcher, thus in a position of relative power. I navigated this duality by remaining attuned to when I was perceived as familiar—and when I was not—and how these shifts shaped what was shared. My relational

positioning allowed access to nuanced insights, but also required careful attention to ethical boundaries, representation, and ongoing self-interrogation.

As Folkes (2023) argues, reflexivity is not merely a checklist of identity markers but an ongoing negotiation process shaped by embodied experience, emotional attunement, and the ethical demands of relational research. Adopting what she calls "kitchen table reflexivity," I sought to remain grounded in the everyday dynamics of care work and research, holding space for discomfort, ambiguity, and accountability. This approach resonated with the interviews' emotional and relational texture and the affective labour practitioners described.

Yip (2023) notes that positionality is never singular, and researchers must remain reflexively alert to how intersecting identities—including race, culture, and profession—mediate access, interpretation, and relational trust. This was particularly important when engaging with First Nations practitioners whose experiences intersected with systemic marginalisation and cultural resilience histories. My cultural background as a non-Indigenous Australian required humility, cultural responsiveness, and attentiveness to the limitations of my interpretive lens.

I approached the research with a commitment to ethical engagement, critical reflexivity, and relational integrity. Rather than claiming neutrality, I acknowledge how my experiences, assumptions, and emotional responses shaped the research design, data collection, and analytic process. In doing so, I align with a feminist relational ethic that values care, accountability, and situated knowledge as core elements of just and meaningful inquiry.

3.4 Participants

3.4.1 Recruitment of participants

The rationale for participant selection in this study aligns with its ontological, epistemological, and axiological foundations (Campbell et al., 2020). A purposive and snowball sampling approach was adopted to identify information-rich cases relevant to the research questions (Padgett, 2017; Staller, 2021). Purposive sampling ensured that participants had direct experience in infant-focused practice, while snowball sampling allowed for referrals through professional networks (Parker et al., 2019).

Recruitment occurred through multiple avenues. Anglicare (a non-government organisation) agreed to distribute invitations to staff and host staff meeting presentations. Additional recruitment occurred via the AASW's membership database, local practice groups, and several professional Facebook communities (e.g., BSW Field Education at CQU – Networking & Collaboration, Queensland Social Workers, and Australian Social Work Changemakers). A presentation at the 2021 World Congress for Infant Mental Health (Brisbane, Australia) also served as a recruitment strategy.

While qualitative research does not prescribe a fixed sample size, recruitment continued until 15 participants completed interviews. This number was guided by feasibility, richness of the material, and available time, rather than a target for data saturation (Shaheen & Pradhan, 2019; Staller, 2021). A total of 23 individuals expressed interest, with 15 participating. All received a Participant Information Sheet (Appendix 2), Consent Form (Appendix 3), and Interview Guide (Appendix 4) before confirming participation.

3.4.2 Consent

Once participants met the inclusion criteria—direct experience in infant-focused practice and willingness to participate in a recorded interview—they were invited to sign the consent form and schedule an interview (in-person or via Zoom/Teams). Prior to this, each was offered a phone conversation to explore the purpose and scope of the research and address any questions.

Informed consent included the option to withdraw at any time, with any data contributed also withdrawn. All participants were competent to give informed consent, and in several cases, verbal consent was also recorded at the beginning of the interview.

3.4.3 Participant Care

Ethical practice was central to this study, particularly due to the personal and sensitive nature of the interviews. Semi-structured interviews can surface emotional content, and power dynamics must be managed with care (DeJonckheere & Vaughn, 2019). As a result, a collegial, respectful, and trauma-informed approach was maintained throughout (Padgett, 2017).

Participants were informed that:

- Although pseudonyms would be used, some roles or quotes might render them identifiable. Participants could request to review quotes or transcripts at any stage.
- They were not obligated to answer questions and could pause or withdraw anytime.
- Support services, including university wellbeing services, general practitioners, and helplines (e.g., Lifeline, Beyond Blue), were listed in case of emotional discomfort.
- Concerns about the project could be raised with the Chief Investigator or the University's Human Research Ethics Committee (see Appendix 3).

3.4.4 Participants overview

This section presents an overview of the participants and relevant demographic details. A brief statement from each participant introduces their experience as practitioners and what drew them to the research. Fifteen participants engaged in semi-structured, in-depth interviews. Most shared examples of their work with at least one infant, which formed part of our conversation. Across the group, practitioners had experience in 11 different organisations working with infants and their families. All names are pseudonyms—chosen by the participants or assigned based on key figures in infant mental health and trauma-informed practice.

The following table outlines each participant in the order in which they were interviewed, noting their identified gender, educational background, general field of experience, and the interview format (in person or online).

3.4.4.1 Table of Interview Participants

	Pseudonyms	Gender	Educational Background	Field
1	Susan	F	BSW	FC/CP
2	Esther	F	BSW	FC- IFS / CP
3	Louise	F	BSS	FC
4	Alan	M	BSS	FC/ NGO
5	Alicia	F	BSW	CP / PP

6	Glen	M	BSW	MSW Student
7	Joy	F	BSW	FC
8	Sandra	F	BSW	DV
9	Beatrice	F	BSS	FC
10	Jace	M	BSW	SA/DV
11	Jessie	F	BSW	NDIS
12	SBW	F	MSWq	NDIS / Academic
13	Lara	F	BSW	MH / Academic
14	Mary	F	MSWq	IMH PP/ CP/ MH
15	Selma	F	BSW PhD	CP/ Academic

Summary/ Legend

12 = F, 3 = M

12 = Bachelor of Social Work, 1 = Master Qualifying in Social Work

3 = Bachelor of Social Sciences (Counselling & Human Services)

6 = Foster Care, 5 = Child Protection

2 = Domestic Violence, 1 = Sexual Assault

2 = National Disability Insurance Scheme

2 = Mental Health, 1 = Infant MH

3 = Private Practice

2 = Academic

3.4.4.2 The Participants

1. Susan

Susan is an experienced practitioner who has worked in the Child Protection field for over 20 years in frontline Child Protection and is now a senior social worker in an intensive family support role in a non-government organisation. Susan was very generous in sharing her role, emphasising building trust with the parents to support the family. Susan's experience began when she became a young mum herself, and later, through her studies, when asked how she developed her practice, she noted:

I'd like to say it just comes naturally. Probably some of that comes from practice, having my own children, having other people's children, and being involved with kids from families from all walks of life since I was a young mum at 19.

Susan is of First Nations heritage, only learning of this just over 15 years ago, and shares:

So, I grew up as a white girl with an English father, and a mother who never identified... but was Aboriginal.

2. Esther

Esther presented as a gently spoken younger woman with a pronounced accent. Esther moved to Australia from Italy and has lived in Spain and Kenya. Esther graduated in 2019 with her social work degree; before this, she studied economics. Esther shared her earlier years, noting she was very social and always planned to travel.

I grew up by volunteering all the time and being in a community. I volunteered in hospitals and tried to prevent prostitution on the streets in Italy. During school, I was convinced that we were going to change the world. We raised money to ... volunteer in Kenya, Africa for two months in a slum, rescuing children from the streets.

3. Louise

Louise has a graphic design background and was drawn to counselling because she “*had a very big interest in mental health ... and a passion to help children and help people heal*”. Louise spoke of her journey through counselling and creative therapies as a passion, and as a single mother of three teens, she felt ready to change her direction. Louise now works in a foster care support role in a non-government organisation.

I started out working with families ... with parents who were who had different struggles with a Neighbourhood Centre, doing in-home counselling [there were] a lot of gaps in services, where [mums had] social anxiety, or young children that couldn't travel and get to counselling, [and so] were really missing out.

4. Alan

Alan is in a supervisory role and participated in the research after his own struggles with assisting practitioners in bringing the children into the room under supervision. He spoke passionately about his hopes for a shared language practice to allow a shared understanding of attachment and relationships in practice and across organisations. Alan shared a personal example of a parallel that happens in the workplace.

When I had my own kid we were in the maternity ward almost every single midwife said something different to my wife, do this and this with breastfeeding. The next one what are you doing that for and she was crying just do what you want to, do what you think is right, take a little bit from everyone I think it happens the same with anyone who is a child development expert It's just advice that you can take a leaf [this happens] a lot when we're working with infants everyone has an opinion.

5. Alicia

Alicia is an experienced social worker who fell into Child Protection but has embraced the work. She noted that she was initially drawn to the disability sector but landed in Child Protection and found this to be a good match. Alicia reflected on her days as a student when it was considered “*the dark side*” if you were interested in Child Protection.

It was a practical alliance where I felt I could do the most work. I didn't choose it; I felt like it chose me. [I] never looked back when it came to working with children and Child Protection. The reason I put my hand out to join your research is that if I could change that first year of my [practice with] cases that I had on my desk and do them again, I would if there is any way I could go back and help other social workers or people in the field, to learn quicker about keeping the child to focus, I put my hand up in a heartbeat.

6. Glen

Glen identified as an immigrant who moved to Australia from Slovenia. At the time of the interview, Glen was studying for his Master's Qualifying in Social Work. He spoke about his grown children and differences in perinatal processes and support from Slovenia to Australia, and how there is a lack of insight into the needs of a new mother here compared to what he had experienced. Glen had his first three children in Slovenia and had a “*surprise child*” three years ago here in Australia. Glen has undertaken work experience in Child Protection and volunteering with an immigrant group around parenting in a rural coastal town.

The underlying idea and impulse for me to do this was the identified lack of support for fathers in the antenatal period. [How the] Australian system and society in general treat fathers in a very different way than I'm used to. In Slovenia, my wife stayed in the hospital for seven days; she had all the specialists there, and it was understood that the mother needed to rest, so the nurses would take care of the baby. [Whereas here this professional] said to me, Oh, my God, seven days in the hospital, and all these specialists, so disempowering, it's like the mom would not know how to do their job. I was like, What do you mean this is empowering? She says, Well, we have to empower women so that they're capable.

7. Joy

Joy is a newer social worker with a focus on mental health which turned into an interest in attachment theory, parenting and addressing the issues within this field of practice. Joy now works in foster and kinship care with a history of early intervention family support.

I love it, this role is quite different from my last role. I feel that my last job carried the risk a lot more than this job, as it was more under the scrutiny of child protection. My role [now] is much more for the carers.

8. Sandra

Sandra is an experienced social worker who found the research through the AASW advertisement and shared many rich insights into practice. Sandra shared *“I am a queer, non-binary person. I think for me, especially having worked [in Child Protection] and regionally there's more of a heteronormative culture”*. Sandra shared how she was drawn to participate in the research.

What I picked out that's really appealing to me is that you're wanting to hear from practitioners, and in terms of our practice, I think this is a really rich way for me to contribute my practice. As a practitioner, still doing the frontline work, I am always thinking about bigger ideas, such as research or macro interventions.

9. Beatrice

Beatrice is a newer practitioner who is studying psychology and working in foster and kinship care. Beatrice was drawn to the research through word of mouth and is interested in research in general. Beatrice spoke a lot about her high regard for the role of the carers and how her role was important to help sustain them in their role.

We create this amazing respite for carers, some of them have quite a number of children in their care, they're just too complex. Organising respite is organising child protection and organising with other practitioners, it's a bit like a chess game if you like, we all move the pieces.

10. Jace

Jace is an experienced social worker and the CEO of a non-government organisation focusing on community development and counselling, specialising in children and families. With extensive experience in child protection, Jace offers private supervision. Jace is also launching into his own research, which was part of his interest in participating.

I love mentoring our upcoming generation of social workers [they put their own agendas aside] that's [going to] be part of my thesis [which is] about male social workers in extreme clinical roles, how it impacts the practice.

Jace also spoke about being a male in a female-dominated industry, noting,

I work in an environment, which [is focussed on] sexual assault and abuse, it's normally been done by females only, But if you get the right person, the right male working within that environment, [it] actually gives you a new view of what males are about [we are] not the same.

11. Jessie

Jessie is an experienced social worker focused on Child Protection and family work, pioneering many programs. Jessie spoke about her journey through social work as a single mother and how her experiences in life drove her work. An experience that stood out for Jessie was working with the elderly.

When I look at the Child Protection framework, it's about the whole community. It affects the aging person, and it affects that unborn child, right through the whole gamut. I have worked with that part of the process, older people would talk and regress about the harm they had experienced when they were children.

12. SBW

SBW is an acronym for 'Strong Black Woman', which SBW chose. SBW is an experienced social worker in the private NDIS and academic sectors. SBW works closely with families and siblings of children who have received a diagnosis within the disability space. Throughout the interview, SBW spoke about her practice centred on her identity as a First Nations woman, Aunty and community member, with connections to Ghungalu country in Central Queensland. SBW shared that her work and life are focused on community, family and responsibilities. Here is a powerful point that SBW shared:

Because of the experiences of our men, our Aboriginal men who are dying younger [often by suicide], Sometimes as an auntie, you are taking on a male role. Because of the history of Aboriginal men, as an auntie, you take on the role, not so much a grandfather, but a Nan or auntie, there's no man elder there, sometimes you need to pick up the responsibility [of] the warrior space [traditionally] our women are nurturers.

13. Lara

Lara is a social worker in private practice with experience in Child Protection, Women's Health and Services Australia. Lara is a First Nations woman (Aboriginal and South

Sea Islander) with connections to Central Queensland and Vanuatu. Lara's interest in the research was through word of mouth. Some of Lara's experiences spoke to the inequalities she witnessed and the feeling that systems were punitive and disempowering. Here she notes why she was interested in being a participant in the research:

Well, I just think that we just need more and more people like yourself and myself to do this research, to get more and more voices heard from our experience in the field, we can't keep doing what we've always done, because we're only going to get what we always got, it's the reality of everything. And so, while we're moving forward and making changes, instead of, it being about that neoliberal, managerial, monetary decision-making process and then you have things like Roe versus Wade and America and the disaster and that decision being returned and, and how the flow on effect that that's going to have a ripple around the world and, and it's the people who are going to be most hurt [are the] most vulnerable populations.

14. Mary

Mary is an experienced mental health social worker in the perinatal and infant mental health fields, and part of the foundation period setting up infant mental health programs in rural areas in the southern states 20-plus years ago. Mary found the research through the AASW website and shared her thoughts:

I was really interested in the research when I saw it because throughout working with infants and children, that kind of question has come up a little. And I've heard people say, about how they feel around when sitting with infants, and how they make their assessments as well. About some of what's happening for them. I thought that sounded really relevant to some of the work that I've done in different settings. It's also really relevant to a question in my mind

15. Selma

Selma is an experienced social worker in a regional area and has worked extensively in Child Protection and non-government organisations. Selma is also an academic and learned about the research through word of mouth. Selma also has direct experience of the foster care system through her parents, who have been foster carers for decades. Selma shared professional insights into her personal experiences in the foster care world:

The changes that I've seen as a foster auntie, and more recently, the children and infants that I've had much more to do with, through the family members who have been providing foster care for about 30 years now. We've seen many, many, many, many children come in that time. There are a couple of infants and children I've had an ongoing connection with because once the child leaves their care, they

tend to be kind of like grandparents. And so therefore they do all the respite and, whatever is needed afterwards. So, I have seen more closely with some more recent children and infants.

3.5 Qualitative Research Design

This study is situated within a qualitative interpretivist paradigm, using a relational, critical, and reflexive approach. The research sought to explore child protection practitioners' understanding of their relationship with infants in out-of-home care (OOHC), how they experience organisational systems, and how these systems influence their relational practice.

The central aim was to explore how practitioners *hold the infant in mind*—directly and indirectly—within complex systems. A qualitative design was selected to support an in-depth, relational exploration of these subjective experiences. This design allows for situated, co-constructed meaning-making, and is sensitive to emotional and power-laden dynamics—a strong fit for feminist relational theory and infant-led methodologies.

The research questions guiding this study were:

1. What is the practitioner's understanding of their role, practice skills and knowledge within the organisation—and in relationship with the infant/s they work with?
2. What is the experience of practitioners in the context of their organisation and the child protection system, and how does this influence their practice with infants?
3. What organisational changes are needed to enhance practitioners' experiences and improve their capacity to respond to infants' needs?
4. What concepts and themes are embedded in the accounts of practitioners that can inform a theory of infant-led child protection practice?

3.6 Data Collection Methods

This research used in-depth semi-structured interviews and reflexive journaling within an infant-led lens. These methods supported both the co-construction of narrative data and the generation of reflexive, relational insight into practice, particularly the relational experiences between practitioner, infant, and organisational systems.

3.6.1 Semi-structured in-depth interviews

In-depth interviews generated rich, detailed accounts of practitioners' experiences. The interviews focused on infants aged 0–2 on the participant's caseload. They explored the practitioners' perspectives on their work, what drew them to infant practice, how organisational factors shape their role, and what relational experiences stood out to them.

Interviews were conducted face-to-face or via teleconference and lasted 60 to 120 minutes. Each was audio-recorded, transcribed, and anonymised. Questions were shaped by feminist relational and infant-led theory, inviting participants to reflect on relational experiences with infants and how systems supported or constrained those relationships.

As a practitioner-researcher, I drew on my own experience to guide the flow of the interviews while carefully holding space for the participants to lead. This insider-outsider positioning, described by Hesse-Biber (2022), allowed me to tune into practice's emotional and contextual nuances while maintaining critical reflexivity. I was mindful of my power as a researcher and the intention to co-construct meaning alongside participants rather than extract knowledge from them.

Interview questions (see Appendix 4) were scaffolded to encourage reflective insight. Following Fook (2022), these questions aimed to surface unspoken or hidden knowledge in practice, creating space for practitioners to critically reconstruct how they think about infants, care, and systems. These conversations mirrored infant-led practice by remaining relational, responsive, and emotionally attuned.

3.6.2 Reflexive Journaling

While not a formal data source, reflexive journaling supported transparency, rigour, and relational accountability throughout the study. Aligned with infant observation methods (Wakelyn, 2019; Bunston et al., 2020), journaling enabled me to track emotional responses and embodied insights during and after interviews, supporting the critical reflexivity necessary in feminist research.

Reflexive journaling played several key roles:

- **Tracking emotional and bodily responses** in interviews that mirrored intersubjective processes in practice;

- **Recording moments of discomfort, surprise, or dissonance**, encouraging deeper inquiry into how power, positioning, and assumptions were operating;
- **Supporting transparency** about my insider-outsider positioning (Dodgson, 2019);
- **Strengthening analytic insight**, particularly in recognising how certain themes resonated or unsettled me during the coding and interpretation process.

Rather than bracketing off my subjectivity, this approach aligns with Apgar's (2022) call to use researcher reflexivity as a tool for ethical, relational, and epistemological integrity.

One example of this reflexive process occurred during an interview when I found myself repeatedly asking, "*Where is the baby?*"—a prompt I often used internally and occasionally echoed aloud to help practitioners locate the infant in their narrative. Sometimes this invitation brought the infant into clearer focus; other times, the infant remained absent, unacknowledged. In one such moment, I was struck by a familiar feeling of being sidelined—recalling past experiences in practice where organisational voices overpowered relational presence, and where I, like the infant, felt unimportant, unseen. This emotional and embodied reaction became a vital analytic cue, helping me to attend not only to what was said, but to what was missing, and to understand the relational dynamics shaping practice in more nuanced ways.

3.6.3 Data Collection

Data for this study were generated through semi-structured in-depth interviews with child protection practitioners. Each interview was audio-recorded, transcribed, and de-identified, with transcripts stored in secure digital formats and backed up using encrypted cloud storage and NVivo (QSR International, 2024) software. In addition, I kept detailed researcher notes and a reflexive journal, consistent with practices from infant observation (Bunston & Jones, 2023). This multi-layered approach ensured both rigour and depth, supporting the interpretive and relational nature of the study (Shea, 2019).

Following each interview, I engaged in critical reflexive supervision, using this space to process my responses and explore how my subjectivity may be shaping the research process (Hesse-Biber, 2022). This reflects the ethical responsibility within feminist and critical paradigms to surface power dynamics and emotional resonances in research relationships.

3.7 Reflexive Thematic Analysis

Thematic analysis was selected as the primary analytic approach. Specifically, I used Braun and Clarke's (2022) Reflexive Thematic Analysis (RTA), consistent with this study's epistemological foundations. RTA acknowledges the researcher's active role in identifying patterns of meaning, interpreting the data through a theoretical lens, and crafting themes through an iterative, reflective process. Rather than treating themes as "emerging" from the data, I constructed them through deep engagement with the transcripts, field notes, and reflexive journaling. As Morriss (2024) reminds qualitative researchers, "themes do not emerge"—they are formed through the interpretive labour of the researcher, shaped by their theoretical positioning, assumptions, and relationship with the data. This perspective aligns closely with Braun and Clarke's (2021, 2022) emphasis on subjectivity, reflexivity, and transparency in RTA.

The analysis focused on understanding how practitioners made sense of their relationships with infants, their organisational contexts, and their emotional experiences. Guided by feminist relational theory and infant-led approaches, I prioritised meaning-making that was subjective, embodied, and situated in power-laden relational contexts.

The goal was not to distil generalisable truths, but to generate richly contextualised insights that foreground relational, ethical, and systemic dimensions of practice.

3.7.1 Constructing Themes

The analytic process involved two overlapping phases:

1. **Inductive coding and theme development**

I began by reading the transcripts openly and inductively, identifying significant moments, phrases, and emotional tones. I then created codes in NVivo and iteratively refined them through repeated reading and reflection. This stage was relationally and emotionally attuned, guided by questions like: *What is being said here? What is not being said? Whose voice is prioritised? How is the infant held in mind?*

2. **Theoretical interpretation and refinement**

Drawing on the study's conceptual framework, I reviewed initial codes through a

feminist relational and critical lens, paying attention to how power, emotion, care, and institutional dynamics were expressed. I also noted where practitioner language reflected discomfort, uncertainty, or ethical dilemmas — key indicators of relational complexity.

Themes were refined in supervision through dialogic feedback and alignment with the research questions. Each final theme reflected relational insights from practitioner and infant perspectives. Subthemes were developed to hold more nuanced, emotionally complex findings.

This process supported the development of three overarching thematic areas, which became the organising structure of the findings chapters:

- **The Infant** (*Chapter 4: In the Space Between: The Infant's Presence in Practitioner Thinking*)
- **The Practitioner** (*Chapter 5: Care in Context: The Practitioner's Experience in Relational Systems*)
- **The Organisation** (*Chapter 6: Holding the System: Organisational Care and Constraint*)

These themes were not pre-determined but developed through iterative coding and reflexive engagement with the data. The decision to focus on the practitioner–infant–system triad reflects the study's commitment to building an infant-led praxis grounded in lived practitioner narratives. This framing is consistent with feminist relational theory, which understands care work, particularly in child protection, as deeply gendered and shaped by systems of power. Several early codes—such as parenting perspectives or carer relationships—were excluded from final themes where they extended beyond the scope of the central research questions.

For example, early codes such as *not being seen*, *carrying too much*, and *holding the infant alone* were grouped during phase four of analysis under a candidate theme titled Feeling Invisible in the System. Through iterative review and discussion with supervisors, this was further refined and integrated into the final theme, Holding the Infant in Practice, which reflected the tension between practitioner ethics of care and systemic disconnection.

This process of theme refinement aligns with Braun and Clarke's (2022) emphasis on analytic depth in Reflexive Thematic Analysis.

For a visual summary of the coding process and final themes, see Appendix 8.

3.7.2 Discussion Framework

This study's discussion of findings is grounded in a feminist relational and infant-led framework, which enables a multi-layered exploration of the practitioner-infant relationship within the organisational and sociopolitical context of child protection. Rather than applying a preexisting analytic structure, the discussion draws from the research's own conceptual roots, centring the relational, emotional, and embodied nature of child protection work.

A feminist relational approach understands care as both interpersonal and structural. It attends to the lived experiences of practitioners and infants and the systems that shape—and often constrain—their capacity to connect (Koggel et al., 2022; Allen, 2023). Therefore, the discussion framework considers how organisational cultures, policies, and expectations influence the practitioner's ability to hold the infant in mind while acknowledging the embodied and affective labour required (Miller, 2022; Bunston et al., 2023).

This approach supports an analysis of power and relationality at multiple levels—personal, professional, and institutional—while keeping the infant's presence and needs foregrounded throughout. In this way, the practitioners' narratives are read for what they say about the infant and how they position themselves, experience their roles, and interpret the relational challenges of child protection work.

The discussion integrates insights from critical feminist literature on emotional labour, surveillance of caregiving (especially mothering), and the relational ethics of professional practice. It also incorporates infant mental health perspectives that view the infant as an active subject needing attuned, reflective care (Thomson-Salo, 2018; Zeanah & Dozier, 2021).

3.8 Limitations in the Research Design

Initially, this research was designed to include direct observational work with Child Protection practitioners from the statutory agency in Queensland, accompanying them on

home visits and using an infant observation approach. The intention was to observe the relational dynamics between practitioner, infant, and caregiver, and to reflect on how the infant's presence and experience were held in mind during practice encounters (McDonough, 2005). This phase of the research, however, became unfeasible — primarily due to the COVID-19 pandemic and the temporary closure of the research office within the Department of Child Safety, Seniors and Disability Services (DCSDS, 2023), which at the time operated as the Department of Children, Youth Justice and Multicultural Affairs.

In consultation with my supervision team and other researchers in the field, it became clear that the original design—particularly the inclusion of infants and live case observation—would raise significant ethical and practical barriers. While the Department technically accepted research proposals, the ethical risk category for such direct observation was considered high and likely to delay or prevent ethics approval altogether. Based on these considerations, the research design was pragmatically adapted.

The final study retained its infant-led focus but shifted its methodological emphasis to reflective narrative interviews with practitioners with direct experience working with infants in child protection settings. These participants were drawn from broader contexts, including statutory and non-statutory organisations, domestic and family violence services, and early intervention programs.

Rather than observing infants directly, the study invited practitioners to reflect on past work with infants and consider how they held the infant in mind in their practice and decision-making. This approach preserved the spirit of infant-led inquiry while ensuring feasibility, ethical integrity, and methodological rigour. Through the careful use of reflective questioning, researcher reflexivity, and attention to intersubjectivity, the infant's presence remained a central focus throughout the research process—even in their physical absence.

3.9 Chapter Conclusion

This chapter outlines the study's philosophical, theoretical, and methodological foundations. It also responds to a key gap in the literature: the absence of research that meaningfully attends to the infant's experience within child protection systems, particularly in the context of out-of-home care (OOHC). Using a feminist relational and infant-led

approach, this study centres the relational dynamics between practitioners, infants, and the organisations that shape their daily work.

The research design employed semi-structured in-depth interviews and reflexive journaling as primary methods. Through narrative interviews, practitioners were invited to reflect on their relationships with infants, their practice experiences, and the influence of organisational structures. The infant-led commitment was upheld not through direct infant observation but through intentional, reflective questioning that foregrounded the infant's presence, voice, and relational world. As the researcher, I adopted a stance of reflexive engagement—observing how the infant was held in mind during the interview process and attending to the emotional tone and relational dynamics that emerged.

The analysis was guided by reflexive thematic analysis, underpinned by feminist and critical theoretical insights. Rather than treating themes as “emerging” from data, the research acknowledges that they were actively constructed through an interpretive process grounded in theory, practice wisdom, and ongoing reflection.

The findings from this research are anticipated to contribute to a deeper understanding of how infants are conceptualised and responded to in OOHC and how practitioners navigate their roles within systems that are often risk-averse and emotionally demanding. This study advocates for more relational, reflective, and infant-attuned approaches within child protection and points to the need for organisational change to better support practitioners in doing this work well.

In the following three chapters, the analysis focuses on the key areas of inquiry: *The Infant, The Practitioner, and The Organisation*. These chapters examine how infants are seen, heard, and experienced in practice; how practitioners make sense of their relational and ethical responsibilities; and how organisational contexts support or constrain these efforts. These chapters offer a layered and relational view of child protection practice that places the infant at the centre while critically attending to the practitioners and systems surrounding them.

Chapter Four

In the Space Between: The Infant's Presence in Practitioner Thinking

4.1 Chapter Overview

Chapter Four is the first of three chapters reporting the findings of this study. This chapter addresses the research question: *What is the practitioner's understanding of their role, practice skills, and knowledge within the organisation and in relation to the infants with whom they work?* As the research is guided by and further develops an infant-led methodology, I have begun with a thematic focus that centres on the infant, adopting an infant-centred research approach. This first theme is foundational, as an infant cannot exist outside of a relationship; therefore, it will include an infant-centred consideration of the relationship between the practitioner and the organisation.

The three findings chapters explore the central themes from the data using the foundational questions developed for the research. This chapter focuses on the subthemes identified from the data, which were coded responses to questions that supported the research aims. Others emerged as more nuanced and highlighted aspects not considered initially. Codes related to the infant's experiences, needs and interactions were given particular attention as they aligned with the research's infant-centric perspective. Prioritising the theme of the Infant and its associated subthemes paves the way for a holistic understanding of the intricate interplay between the practitioner, the organisation, and the infant within the context of the research project.

The research aimed to investigate the perspectives of Child Protection practitioners in Australia on their relationship with the infants with whom they work. Contemporary literature regarding the field of child protection's understanding of its work with infants raises concerns. Despite advancements in research and practice, a noticeable gap remains in understanding and effectively addressing the complexities of engaging with infants (Chinitz et al., 2017). This gap suggests that the effectiveness of initiatives aimed at supporting infant development and wellbeing needs to be addressed at both individual and organisational levels (Gillen & Canavan, 2024). This requires widespread attention to ensure that the safety and wellbeing of infants are prioritised and protected.

This chapter comprises four sections: the introduction, a review of the underlying philosophy and its relationship to the theme, the four subthemes, and a chapter summary. In line with the study's aims, the Infant theme takes centre stage, demonstrating a clear choice to prioritise the infant's viewpoint in the study's design. The main Infant theme examined the details captured in its subthemes: seeing, hearing, experiencing, and responding to the infant. These offer a deeper look into the complex nature of how infants, practitioners, and organisations interact. These subthemes reveal the complex relationships between practitioners and organisations, with the infant at the centre of this discussion. Additionally, by making the infant the main focus of the themes, the study acknowledges the importance of centring on the primary subject and foregrounds a method that prioritises the infant. This approach emphasises the importance of considering the infant's views, needs, and experiences as crucial in shaping the research design.

4.2 Review of Underlying Philosophical Approaches

In the methodology chapter, I have argued for two distinct yet connected methodologies: Feminist Relational (Koggel et al., 2022), which incorporates the theory of Intersubjectivity (Burg, 2023; Pino et al., 2022), and Infant-Led (Bunston et al., 2020). These methodologies align with my research philosophy by incorporating feminist and critical theory as the overarching lens while prioritising the participants' narratives. A Feminist Relational theoretical approach is highly relevant to this research as it emphasises the significance of relationships, power dynamics, and the social context in understanding individual experience, particularly for marginalised groups such as infants in OOHC (Jordan & Hartling, 2002). This research is deeply concerned with the relationships between infants and practitioners and how these interactions influence the wellbeing and development of infants.

Feminist Relational Theory offers a framework for understanding how these relationships are formed, maintained, and their power dynamics (Koggel et al., 2022). Central to Feminist Relational theory is the ethics of care, which prioritises empathy, connection, and relational responsibility (Koggel, 2020). These theorists move beyond the debate between sociality and individualism when defining what it means to be human; instead, they suggest using relationships as a starting point to evaluate and develop moral and political theories (Robinson, 2020). This approach sheds light on and has applications for

the significant moral and political implications of human connections, as exemplified by this research, which focuses on infant care.

The research questions guided the interview, inviting participants to imagine the infant's presence in their direct practice and consider how they might incorporate it into their conversations.

This was done by asking participants questions like:

“When you walk into a room, you first meet [the family], do you introduce yourself to the infant, like a newborn or a three- to four-month-old?”,

“Have you ever looked at an infant in your assessment processes or intervention processes, where you have wondered what they were thinking, or wondered what they could tell you about the situation?”,

“Do you use that information when writing up your assessments? Furthermore, do you discuss it during supervision? Or in team meetings?”

4.3 The Themes

The overarching theme in this chapter is *the infant*; the subthemes that emerged are categorised under the main focus of the infant and are presented and analysed in the following ways:

4.4.1 Seeing the infant: what is being seen/ not seen/ unseen,

4.4.2 Hearing the infant: being present to listening,

4.4.3 Experiencing the infant: embodying the vulnerability of seeing and hearing, and,

4.4.4 Responding to the infant: How can the practitioner respond to what is seen, heard, and experienced?

Theme Coding

The *Infant Themes* pie chart illustrates the distribution of key themes related to infants in child protection practice. The largest segment, **Seeing the Infant** (31%), highlights the centrality of visibility and observation in relational work. **Infants' Voice** follows at 24%, emphasising the importance of recognising infants as communicative, relational beings. **Risk to the Infant** and **Connecting With** are equally represented at 16%, reflecting a balance

between protection and relational attunement. The smallest segment, **Emotional World** (10%), suggests that while emotional experience is acknowledged, it may be less emphasised in practice. These themes underscore practitioners' focus on infant visibility, voice, and safety—core to both infant-led and feminist relational approaches.

■ Connecting with ■ Emotional world ■ Infant centred ■ Infants voice ■ Risk to the infant ■ Seeing the infant

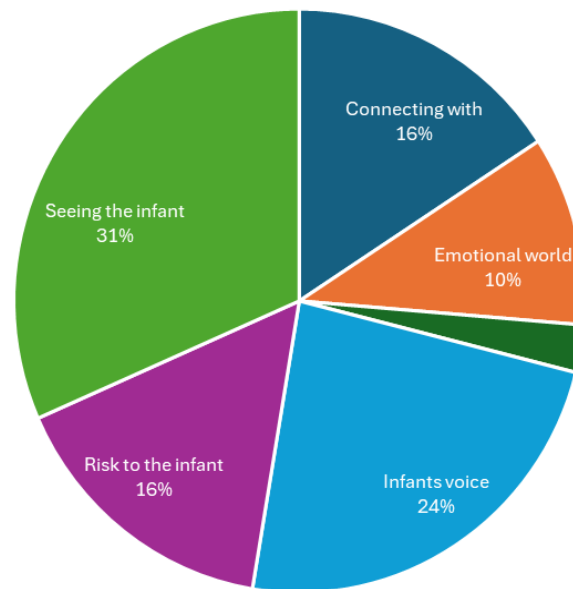


Figure 4.1 The Infant Codes

During the interviews, it was noteworthy that participants frequently referred to 'child-centred' practices, holding the child central in decision-making and interventions (Bastian et al., 2020). Child-centred practice emphasises the importance of focusing on the child's wishes, needs, well-being, and feelings through all professional interventions that involve or affect the child (Race & O'Keefe, 2017). Gregory-Wilson et al. (2024) argued that infants should be treated as a distinct category of children, as their needs are distinct from those of older children. The Committee on the Rights of the Child stated that:

legal decision-making for infants needs instead to be supported by an infant-centred theory of rights that upholds their best interests based on the contemporary knowledge of infant health, including IMH, a factor that is not included in either legislation or the CRC (quoted in Bastian et al., 2024, p.86).

In keeping with the intention of this research to be infant-centred, where

participants referred to infants as being child-centred, this was interpreted as infant-centred. The significance behind these references will be analysed through the sub-themes.

4.4 Seeing the infant

What Is Being Seen, Not Seen Or Unseen

Bunston et al. (2020) refer to an infant-led methodology, which they explain is grounded in constructivist theory (Charmaz & Thornberg, 2021). Whilst grounded theory is not a methodology used in this research, it is acknowledged here as part of the development of this new methodology, which is founded in traditional infant observation procedures where data is collected directly from the infants to inform their experience (Bick, 1964; Trunkenpolz, 2020). Grounded theory was founded by Glaser and Strauss, producing their original qualitative research in 1967 (Charmaz & Thornberg, 2021). This approach was not explored in the methodology chapter, as it was not utilised in the research; however, it is prudent to mention that they developed this meaning-making approach to understand practice in a specific context, thus allowing for a different perspective on how we can support the infant's voice through a new lens. Without the infant physically present in the research, this theory was used to hold the infant in mind and use questions that would bring the infant into the conversation at every opportunity, so they could be seen.

The terms not seen and unseen come into the theme through recognising that often the practitioner will have a sense of something in their work with infants. However, this is collated under 'child' without the unique attention to the infant. From an Infant-led perspective (Bunston et al., 2022), prioritising infant data over other data in collection and analysis deserves to be central in any research involving infants, or, in the case of this research, is deeply considered and included. Research on the infant in the context of intervention in infant-carer relationships has been studied extensively (Benito-Gomez, 2022; Chintz et al., 2017; Gosh, Ippen, & Lieberman, 2024; Harding et al., 2020; Hoffman et al., 2016; Zeanah & Dozier, 2021). However, infant-professional relationships have been mostly explored through the lens of the therapist in relationships with adults and their infant attachment history and perceptivity (Eagle, 2017; Porges & Carter, 2017), or in the early childhood sector, between the infant and the teacher (Bateman, 2024; Norman & Byrne, 2021).

In the case of Child Protection practitioners, infant mental health is not usually an area of expertise, and it is also common that attachment theory is used in practice in an oversimplified fashion, not taking into account the complexity and context of each situation (Keddell, 2016). Keddell (2016) states that considering how Child Protection workers understand and apply theories, such as attachment theory, is substantial, as they play a pivotal role as the interpreter between the family and the state, where the child is embroiled in high costs for their own lives and those of their families. Therefore, it could be argued that an intimate knowledge of identifying what the practitioner sees in the infant may be skewed by the requirements of their role, attachment history, and culture (Keddell, 2016). Practitioners with a lived experience of childhood trauma may bring a unique perspective; however, this also suggests the need for reflective practices to avoid bias stemming from unresolved trauma (McCormack & Issaakidis, 2018). However, while this can be true, the findings also demonstrate multiple examples of the practitioner's ability to be present with the infants they work with, which is explored further in the findings.

One practitioner participant, Esther, states the importance of being guided by the infant through what she can see when working with a family;

Sometimes parents or older siblings tell you what they think is the right thing, or what's going to get them out of trouble. But the infant can't lie. An older child might say that everyone is okay, but the infant is lethargic or unsettled every time anyone picks him up. The infant is telling you so much, even when others are saying everything's fine. *Esther*

Esther's emphasis that *the infant can't lie* reveals a critical awareness of how infants may embody and express unspoken truths in families. Her account reflects the value of a relational, infant-led lens that privileges embodied cues as meaningful data, especially when verbal or cognitive narratives from others may obscure the infant's lived experience.

Infant observation is a valuable source of information about infants and their contexts, particularly their emotional development and capacity to relate. Context is pivotal in depicting the world of the infant, and this requires the other to adapt to their world, rather than the infant adapting to the worldview of the other (Bunston et al., 2020). Esther demonstrates that she is observing this capacity in the infant. She further highlights this here;

You can pick up so much about the infant, from where they are in the room, or in mum or dad's arms, and how they are holding the parent. Sometimes the parents swap, and you can see whether or not the infant likes this. You notice the type of crying the infant uses, and how the environment feels—even if there's no dialogue, you can really see so much. *Esther*

In this statement, Esther conveys her embodied awareness of the infant's relational world—how they engage with the physical space, respond to caregivers, and express needs through subtle cues. Her comment, *how they're holding the parent*, inverts the assumed relational dynamic and underscores the infant's active role in connection. Noticing “how it feels in the environment” points to a somatic, co-regulated sensitivity central to a feminist relational and infant-led approach. These skills—perceiving what is present and what is missing—are foundational to attuned, ethical practice.

Traditional infant observation is a psychoanalytic tool that helps students learn about infants and their development, as well as to identify areas of uncertainty and foster curiosity about what is observed, rather than specific identifiable details (Bunston & Jones, 2023; Trowel, 2018; Wakelyn, 2019). According to Stern (2018a), the concept of the *self* in the infant can develop at eight weeks, when the infant can make eye contact and look outward. In these first two months of life, the infant is emerging, and at this time, this emerging sense of self will likely be the operational self for the rest of life (Stern, 2018a). This highlights the importance of the skills identified by Esther, specifically observing, identifying, and reflecting on her own experience to understand what might be happening for the infant and their world.

In an interview with participant Susan, a practitioner with extensive experience, she discussed a different angle on seeing the infant. In this interview, Susan responded to a statement I made at the end: “[I realise] how hard it was for us to keep the baby central to the conversation... it is so complex”. Susan stated;

I think that even though the baby is the most important—and the most vulnerable—there are so many factors that influence what is going to happen to that baby. So, the conversation shifts to what's happening around them. Babies, just because they are vulnerable, can't just stay in mind. *Susan*

Susan's reflection reveals the difficulty of focusing on the infant within the complexity of

child protection work. Her comment, “Babies... can’t just stay in mind,” points to how systemic pressures, competing priorities, and risk-averse cultures can displace even the most vulnerable from the centre of practice. This highlights a core tension between practitioners’ ethical intent and the realities of organisational demands, underscoring the need for reflective spaces that support holding the infant in mind amidst complexity.

The complexity of the Child Protection system is evident through the diversity of issues that put children at risk (Gillen & Canavan, 2024). Furthermore, there are numerous other challenges, including multidisciplinary professional relationships, the variety of duties that require attention, a relentless staff shortage, limitations on professional knowledge and practice experience, and essential requirements such as staff supervision (Ide & Beddoe, 2024; Jansen, 2018).

Researchers have explored Complexity Theory in relation to child protection practice over the years (Gillan & Canavan, 2024; Jensen & Aven, 2018; Olsvik & Saus, 2022). According to complexity theory, organisations have many factors working together (Olsvik & Saus, 2022). Gillen and Canavan (2024) asserted that there is no *one* complexity theory, as complex systems are dynamic and reflective of constant change and adaptation. Child Protection is best accepted as complex, whereby instability and changeability cannot be taken out of the equation; if it is believed possible, then this can lead to self-protective practices, including blaming, risk aversion and an overreliance on policy or manualised decision-making (Gillen & Canavan, 2024).

Complexity in practice requires experience and training, and clinical or relational decision-making is required when considering children. Being guided by and seeing the infant in practice is generally foreign to practitioners; however, some participants could identify this task as valuable and informative by observing the infant and being fully present for them.

I just found it enormously valuable to sit there with this mum and watch her watch her baby—to try and give her what I had felt in doing infant observations. When you’re just... there’s no agenda. We’re not talking, not filling in a questionnaire or going through techniques. We’re just spending time together, watching, reflecting, and imagining what’s going on for bub together. *Mary*

Mary's account illustrates the quiet power of relational presence—a core tenet of both infant mental health and feminist relational practice. Her emphasis on *no agenda* speaks to slowing procedural or task-driven work in favour of deep attunement. In this 'space in between,' the practitioner and parent become co-observers of the infant's world (McIntosh et al., 2023). This co-regulated, reflective moment is therapeutic and re-centres the infant as an active subject in the relational field.

Social work practice prioritises relationships as a central component of ethical engagement. In Child Protection, however, the practitioner navigates a dual responsibility—to support parents and children while also fulfilling the statutory duty of child safety investigation (Waterhouse & McGhee, 2015). To hold space for relational presence with the infant, amidst these competing demands, requires a practitioner who can consciously prioritise connection. Such presence may offer a corrective experience that contributes to healing through being seen, felt, and understood.

Porges (1995) described neuroception through his research into the polyvagal theory, whereby the central autonomic nervous system constantly scans the environment to assess safety before the mind can make sense of anything. This is a primitive part of the brain formed before the executive thinking mind and, therefore, is attuned to the environment first (Porges & Porges, 2023). The act of infant-adult co-regulation helps develop a narrative for the infant that they are safe. This is not possible for a primary caregiver to do if they have not experienced such a relationship. In her experience of sitting with, observing, and valuing this relationship, Mary addresses a corrective experience for both the mother and the infant, providing a therapeutic presence that supports healing (Geller & Greenberg, 2023).

An infant's first 1,000 days of life (0–24 months) signify a critical development period, with more than a million new neural connections formed every second, which is greatly influenced by nutrition, protection, and responsive stimulation (Britto, 2017). Therefore, it is clear that detecting concerns in the infant-parent relationship as early as possible is vitally important to support family development (Price & Ellis, 2020). At this time, practitioners are challenged to approach such families and offer support, especially when they are required to reflect on the infant's experience of being in their family care, particularly in the face of distressed parents (Price & Ellis, 2020).

In the excerpt below, Alan, as a supervisor of practitioners who work in foster care, identifies this role of the Child Protection practitioner, suggesting the importance of the practitioner being able to see the infant to be able to address their care.

We rely a lot, sometimes, on markers of development—and how that development is going. If we're concerned about the care of an infant, we'd want to reach any part of Queensland Health that the child interacted with. We'd want to have a conversation with that stakeholder, and be talking to the parents. *Alan*

When I asked how Alan supports the practitioner in undertaking this role, he responded that he first wants to hear the infant spoken of in the practitioner's work; often, the focus is on the adults, and the infant is not on their minds. He stated;

I'll be the whole way through a case consult, and then someone just mentions, 'She's pregnant.' And I'll say, 'Oh, she's pregnant?' — 'Yeah, she is nine months pregnant.' We haven't talked about that at all. It's just tacked on the end. The whole discussion has been about the 17-year-old, which is needed, but also, let's do something about the baby coming into this. *Alan*

Alan's reflections reveal how easily the infant—especially an unborn infant—can be omitted from case discussions, even by experienced practitioners. His supervisory approach illustrates an active practice of foregrounding the infant, inviting practitioners to widen their focus beyond the immediate presenting concerns. This kind of leadership strengthens infant-in-mind practice and surfaces gaps in practitioners' development. If supervisors themselves overlook the infant, it becomes even less likely that practitioners will recognise or respond to the infant's presence or needs. Alan's example reinforces the importance of embedding infant-centred reflection within supervision and team processes—a theme expanded further in Chapter Five.

Another example from the practitioner, Alicia, below, shows how she has been able to see the infant in her work.

The child was different when she was being held by her dad. But when she was held by Nan, there was no terror. I could imagine the feeling of terror, and when she was held with love, you could see the child wouldn't cry anymore. *Alicia*

Alicia's ability to attune to the infant's shifting emotional states suggests a strong observational capacity. Her comment, "I could imagine the feeling of terror," points to a practitioner willing to feel with the infant. This kind of noticing—being affected by what is observed and allowing oneself to respond emotionally—is central to the relational sensitivity that Bunston and Jones (2023) described in their infant observation work.

However, Alicia's ability to observe the infant's emotional cues did not always translate into her early practice. Reflecting on her earlier career, she shared:

I honestly believe that initially, I was very parent-focused. My goal had always been about keeping families together. I believed that I always kept the child as a focus, but I just don't think I did well. I'd listen more than see actions from parents. A lot would tell me how much they loved the children, and that was very powerful for me, because I felt terrible, like, well, that's just what parents do, right? They absolutely love their children. I think I missed a lot of the actions—or non-actions—that were happening. And I was influenced a lot by services that were already involved with the families. *Alicia*

Alicia's candid reflection expresses a deep sense of regret. It also illustrates the importance of supervision and reflective space in developing the capacity to integrate what is seen into ethical, infant-centred responses.

Being infant-centred is often conflated with being child-centred; however, given that infants do not have verbal language, the practitioner must take a more active role in noticing and naming their needs. The term *child-centred* can obscure infants' specific relational and developmental needs, collapsing them into a broader category (Gregory-Wilson et al., 2024). In the excerpt below, Esther reflects on how active listening in supervision can help practitioners attend more closely to the infant's experience:

You do a lot of active listening. You know, like you go out with someone, and you get in the car, and you talk through—and they just say, like, 'Didn't you see how bub was so unsettled when mum picked him up? And the way she was holding him looked like she'd never held him before?' *Esther*

Esther's reflection demonstrates her openness to learning through relational dialogue with colleagues. Her attention to unsettling cues—the infant's reaction to being picked up—suggests a growing capacity to see the infant through embodied and behavioural indicators. This type of noticing can guide practitioners toward more attuned and responsive assessments, especially when made explicit in supervision.

Drawing on Bunston and Jones' (2023) theory of infant observation as a practice of emotional alertness and attentiveness to relational cues, it becomes clear how such moments could be used to shape practitioner insight. While Esther models this through supervision, Alicia's earlier account reveals how these cues might be missed without sufficient reflective scaffolding. Reviewing my journal reflections about these interviews, I wondered how much more someone like Alicia could do to champion the infant's voice

through regular, structured supervision. With deeper support for reflective attention, practitioners may be better equipped to foreground the infant's experience without judgment or inference—and bring it actively into the relational space.

4.5 Hearing the infant

Being Present To Listening

To be therapeutically present, the practitioner is required to consider multiple tasks; being grounded and centred in their own body and self; immersing themselves with the family and the infant; being attuned to many possibilities that exist in any moment; and the intent to be with and present to the infant and what they are saying (Geller & Greenberg, 2023). This is a mighty task for any practitioner, let alone new practitioners; however, some participants have shared that they have become aware of this type of hearing as important, and others are just beginning to understand its importance.

Below, Alicia's excerpt shows that she has identified a large gap in practice when she stated the need to listen to or hear the infant.

If I'm asking these questions like, 'Where is the infant in the conversation?' or 'Does the infant get a say?'—there are a lot of people who can't even process that. There's still a big gap. When we think about infants being the most vulnerable—with literally no voice—anything we improve for them is going to improve things for the children who do have a voice. *Alicia*

Alicia's reflection reveals a critical awareness of how the voicelessness of infants in systems of care often renders them invisible. Her comment that "a lot of people can't even process that" suggests a structural silence around infants, where language-based notions of participation exclude them. From an infant-led and feminist relational perspective, to *hear* the infant is to listen to their cues, emotions, and embodied signals—and to treat these as meaningful communication. This requires practitioners to tune into the infant's experience and advocate for their inclusion in decision-making conversations, even without speech.

Infant-led practice requires a more nuanced consideration of the child at risk, especially in chaotic and unpredictable contexts involving highly vulnerable families. Working in this space demands therapeutic resilience and systemic discernment from practitioners (Bunston & Jones, 2020). At its core, infant-led practice privileges the infant's voice and seeks to engage those who shape the infant's relational world.

In this excerpt, the practitioner identified the importance of being led by the infant in their practice.

Each infant has a different story to tell—and will show things in different ways. Each infant is unique and isn't going to show the same things you're expecting. *Esther*

Esther's reflection highlights each infant's individuality and reinforces the importance of meeting the infant where they are rather than relying on fixed developmental norms or generalised theories. This aligns with an infant-led and feminist relational approach, which resists one-size-fits-all models in favour of attuned, context-sensitive practice. Recognising and responding to each infant's unique way of expressing themselves requires differentiated, nuanced skills and a commitment to relational presence.

Bunston et al. (2020) propose that to understand the skills required for working with infants, practitioners must first be able to *see, hear, and connect* with the infant's experience. Thomson-Salo (2018) argues that the infant should be understood as a person in their own right, and interventions must reflect this by upholding the infant's rights. Recognising that the infant has a mind and an intentional self from birth (Stern, 1985) encourages practitioners to listen to the infant as an individual with a perspective. This collaborative approach between infant and practitioner supports what Thomson-Salo (2018) calls *unconscious attention* in practice—an attuned stance that nurtures the infant's theory of mind and contributes, however modestly, to their emerging sense of self.

Thomson-Salo's theory (2018) seems to be replicated in Alicia's point of view when she shares the importance of hearing the infant in her work;

So, if we could actually name that—if an infant doesn't call out, or doesn't cry out, or doesn't make eye contact, or is just really flat in their energy—that that equals questions around evidence. *Alicia*

Alicia articulates a critical insight into what it means to *hear* an infant, particularly when that hearing involves the absence of overt signals. Her observation shows that silence, flat affect, or lack of engagement can be treated as meaningful data. In an infant-led framework, such inaction is not neutral; it is a salient indicator of the infant's experience. Recognising these subtle cues requires developmental knowledge and a relational and ethical commitment to attunement. Thomson-Salo's (2018) emphasis on unconscious attention and embodied responsiveness is echoed here, as Alicia frames the infant's inaction as a legitimate form of

evidence that can inform assessment and intervention.

According to Bunston, Pavlidis, and Cartwright (2016), observing infants can reveal much about their experiences, particularly when they have encountered harm from birth, since these experiences occur prior to the development of cognitive and language skills. McIntosh et al. (2021) similarly argue that early trauma leaves deeply engraved physical imprints or *unseen memories* of what it felt like to be in unsafe or violent relationships. These embodied memories are often inaccessible later through language or reflective thought. This underscores the urgency of recognising and responding to infant experiences in the earliest years to mitigate ongoing harm and ensure that the infant's story is acknowledged and responded to in real time.

In this next excerpt, Child Protection academic Selma identifies the challenges of hearing the infant in interactions and being infant-centred.

I found that you had to be really mindful not to default to the loudest voice in the room, which is often not the infant. I relied heavily on other voices. You tend to rely on the past to identify patterns of behaviour. And with infants... I don't think I would have been overly confident that I was very infant-focused. *Selma*

Selma's reflection reveals the complexity of practice where multiple voices—some louder and more dominant—compete for attention in decision-making processes. Her awareness of the infant as *not* the loudest voice speaks to the relational and systemic marginalisation of infants within Child Protection. In feminist relational terms, this illustrates how power circulates in practice: whose voices are heard, trusted, and overlooked. Selma's hesitation about her own infant focus also reflects a broader uncertainty about how to reliably "hear" the infant, especially in the absence of verbal language or clear developmental markers. This calls for a more conscious commitment to privileging the infant's embodied and relational expressions—even when they are quiet, subtle, or nonverbal.

Isokuortti et al. (2020) highlight the need for an overdue attitudinal shift among service developers and providers to create organisations that embrace a more genuinely infant-centred approach. As they point out, infants are still widely conceptualised as passive recipients of attention and love from their caregivers. This reflects a broader societal framing that views infants through a physiological lens, focusing primarily on physical needs as the key to flourishing. An adult-centric perspective often perceives infant communication only in terms of what is *absent*, such as language, thereby overlooking infants' rich and

meaningful forms of communication (Bunston et al., 2023).

In this excerpt below, participant Joy was querying her capacity to hear the infant in her child-centred practice, which throughout the interview did not change to infant-centred, despite the introduction of the concept or her understanding of the research;

I always like to think that I'm very child-focused in my practice. So, I always hoped I was seeing it from the child's perspective. Whether I'm actually putting a voice to it... No, I don't think I ever have done. *Joy*

Participant Joy reflects on her child-centred practice in this excerpt, but her language reveals an important distinction. Despite being introduced to infant-centred concepts during the interview, her framing did not shift to include infants as distinct from 'children'. Her uncertainty—"whether I'm actually putting a voice to it"—highlights the common assumption that seeing things from a child's perspective is equivalent to giving voice to the infant. From an infant-led perspective, this reveals a crucial gap: voice is not just a metaphorical idea, but a call to attend to how infants communicate meaning nonverbally, relationally, and affectively. In feminist relational terms, this quote underscores how easily the infant's subjectivity can be eclipsed, even in practices that aim to be child-focused.

Shulman (2019), in her work educating practitioners in infant observation, shares the reflection of a trainee who attempted a ten-minute infant observation rather than the parents during a parenting capacity assessment. The trainee expressed amazement at how difficult this was, describing it as "a revelation—as if the earth's axis had shifted about her view of their professional task, what they were doing and how they did it" (p. 5). This moment of insight reveals how profoundly our default focus can be on adults, rather than the infant. It also underscores the importance of supporting practitioners to notice, adjust, and create space for the infant to be seen and heard within the limits of their developmental capacity. This requires holding in mind how caregiving relationships can either support or inhibit the infant's voice (Bunston et al., 2020; McFadyen et al., 2022).

The practitioner must rely on their embodied and relational listening capacities where language is absent and the cry becomes the infant's first communication. This psychosomatic communication is not secondary—it is primary. As Thomson-Salo (2018) argues, practitioners must swiftly scan emotional and physical responses as part of their ethical attunement. To be present to the infant is to recognise them as a subject in their

own right—complex, unique, and in relationship—not merely an object of care or concern (Bunston et al., 2023; Thomson-Salo, 2018).

4.6 Experiencing the Infant

Embodying The Vulnerability Of Seeing And Hearing

While seeing and hearing the infant are essential, Thomson-Salo (2018) argues that practitioners must go further, bringing their own physical and emotional presence into relationship with the infant. This embodied communication requires the practitioner to feel with and respond to the infant, beyond observation or interpretation alone. Across the interviews, this presence emerged as critical to practitioners' sense of connection with the infant.

In the excerpt below, Sandra reflects on the often-unacknowledged impact of trauma on the infant's embodied experience:

You think the baby isn't being impacted from the next room, but we know they are. The baby is embodying the trauma. Imagine that baby in the cot... the fear, the learning to respond to what's happening. That isn't really spoken about in that way. I think the embodiment of their experience is very important to me. *Sandra.*

Sandra's reflection resonates with Shai et al. (2022), who describe this kind of embodied responsiveness as transformational—not only for the practitioner—but also for the caregiving system around the infant. When the infant becomes meaningful to the practitioner on a felt level, this meaning can ripple outward, enabling caregivers to see and feel the infant differently. Practitioners who engage in what Rappoport (2015) and Thomson-Salo (2018) call *embodied mentalisation* can model reflective, attuned presence that invites caregivers to consider both the infant's emotional state and their own internal world.

Thomson-Salo (2018) highlighted that the infant's distress is usually only shared somatically and may require that the practitioner respond in kind to the infant, demanding that the practitioner work with their feelings along with any uneasiness in the work. What is key here is the practitioner's thinking about the infant and how they communicate this when working with distressed carers and infants together. The practitioner needs to be aware of how their body engages with feeling and thought within this interaction, more so than in their work with adults; this work then relies significantly on the practitioner's

sensitivity to the emotional and physical responses taking place in carer, infant, and the practitioner (Thomson-Salo, 2018).

Sandra's statement above of embodying the embodiment of the infant's experience shares a profound aspect of this research. Sandra takes this further when she speaks about supervision and supporting the practitioner to undertake this important aspect of infant-led work.

I don't see how we can't be embodying that child's kind of experience—in a healthy, managed way. With supervision and your own boundaries, it can be doable. If people could embody that reflective and values-based kind of practice... Two seconds of touching base with yourself before you act or do something—then I think a lot richer stuff would be happening. *Sandra*

Sandra's emphasis on "embodying the embodiment" of the infant's experience reveals a profound relational ethic that sits at the heart of infant-led practice. She extends this insight into the supervisory space, highlighting how reflective and values-based practice can be nurtured through intentional self-awareness. Her comment that "two seconds of touching base with yourself" could lead to "richer stuff" suggests that even small moments of embodied reflection can significantly impact practice.

This idea is well supported by Fonagy and Luyten's (2018) theory of Embodied Mentalisation—the practitioner's capacity to move beyond observable behaviours and into deeper understandings of internal mental states (Shai et al., 2022). As noted above, this requires intentional attention and effort, particularly in the emotionally demanding contexts of child protection. Practitioners working with trauma-impacted families—where issues such as family violence, poverty, and intergenerational stress are common—must navigate complex emotional fields shaped by caregivers' own histories. These conditions can be mentally and emotionally consuming (Norman & Byrne, 2021), making reflective supervision essential. Supervision offers a container where practitioners can process, regulate, and prepare to enter the embodied emotional worlds of infants and their caregivers without becoming overwhelmed.

By focusing on embodied practices, practitioners can begin to discern the subtle cues infants use to express their motivations, curiosities, and experiences—such as physical positioning, gaze, and facial expressions (Thomson-Salo, 2018). For example, when an infant turns away or avoids eye contact, it may signal avoidance, or equally, a need for relief from

overstimulation in that moment. These distinctions require careful, attuned interpretation (McFadyen et al., 2023; Thomson-Salo, 2018).

When considering how to enable the infant's voice, it is equally important to ask whether the wider group of adults—those who hold power in decision-making—are prepared to hear and respond to what is being communicated (McFadyen et al., 2023; Thomson-Salo, 2018). The skill of sitting with another's experience, while also holding one's own, and then translating that shared awareness into meaningful insight is central to relational practice. This is not only vital to keeping the infant present in conversations, but also to ensuring that their voice informs decisions made in their best interest.

Participant Mary, who brings extensive infant mental health experience, reflected:

I'm not really sure, in the end, that everyone really can see the vulnerability—or that fragile relationship, the infant's emotional world, the space between the infant and their mother or caregiver. I haven't met many clinicians or professionals who are ready to be vulnerable and open to being near that space, or involved in that space in any way. *Mary*

Mary's reflection invites a deeper question: are practitioners—and the systems they work within—truly prepared to listen to the infant? Weatherston and Browne (2016) suggest that the intricate dynamics of working with traumatised families often present unforeseen challenges that can be difficult to attend to within the constraints of everyday professional life. Practitioners frequently face such complexity without the professional or practical resources to recognise, reflect on, and manage these layered emotional demands. This lack of support can make it difficult for practitioners to tolerate the vulnerability required to truly embody the infant's experience, let alone act on it in relationally attuned ways.

This section will end with participant Jessie's statement below about what a practitioner is faced with personally, yet keeping the infant's vulnerability in mind.

You're assessing what's going on in that family home—even if there's screaming, banging, clanging, or smashed things on the front lawn. The priority, because of the level of vulnerability... Zero to two is about levels of vulnerability. They're unable to defend themselves, and the priority in that timeline is to get there right away. *Jessie*

Jessie's excerpt illustrates the practitioner's urgent task of assessing immediate risk while holding the infant's extreme vulnerability in mind. Her words reflect the inherent tension

between relational presence and the necessity for swift protective action. In such moments, prioritising the infant's needs can mean acting before deeper engagement or observation is possible.

This also highlights the internal challenge practitioners face: to remain open to their own emotional responses and vulnerability in the midst of high-stakes work. As Critchley (2020) argues, the professional responsibility to protect, particularly in pre-birth and early life contexts, can evoke intense anxiety, sharpened by the infant's utter dependence and fragility. Jessie's comment captures the heart of this tension, where responsiveness must balance urgency, reflection, and care.

This leads into the next section, which explores how practitioners *respond* to the infant in practice—navigating the intersection of emotional attunement, ethical decision-making, and systemic constraint.

4.7 Responding to the Infant

How Can The Practitioner Respond To What Is Seen, Heard And Experienced?

As previously stated whilst we seek to 'see', 'hear' and 'feel' and thus, embody the infant in the practitioner's relationships, it does not follow that the infant then becomes an active informer in their world if the broader circle of adults who impact decision making are not prepared to respond to what is communicated (McFadyen, et al., 2023; Thomson-Salo, 2018). In the following excerpt, Alicia responds to the interview question, "If you could be led by the infant's experience and they had a voice, what do you think you might have done differently?"

I put myself in the position of the child—what would I be feeling? What are my emotions? What am I seeing? What do I wake up to? What am I smelling? Am I feeling love? Am I feeling protected? Am I being understood? Is someone hearing me? Am I being listened to? Am I afraid? Am I being hugged? Is there a voice that I love more than any other voice? Is there someone who makes me feel good? Who is that person? Am I cold? Am I tired? Am I hungry? I'd be asking—what do I want? Are they listening to me? If they heard me, are they writing it down? Are they representing me? Is my advocate doing their job? *Alicia*

Alicia's reflection offers a rare and intimate glimpse into the internal process of a practitioner striving to centre the infant's perspective. Her string of sensory, emotional, and existential questions models what it means to *respond* to the infant—not with assumptions,

but with imaginative empathy and ethical curiosity. This kind of reflection sits at the heart of infant-led and feminist relational practice, where the infant is not simply observed but considered as a subject with needs, rights, and a lived experience that must be represented. Her final question—“Are they writing it down?”, “Is my advocate doing their job?”—point to the broader system of adults tasked with making decisions about the infant’s life. This quote underscores the idea that even the most attuned practitioner cannot meaningfully respond if others in the decision-making system are unwilling to hear or act on what the infant communicates.

The practice of statutory work is often shaped by a continuum that ranges from risk aversion to crisis-driven intervention, rather than by sustained risk awareness. Child protection organisations frequently operate under immense pressure, with policies and practices that prioritise safety, compliance, and liability (Featherstone et al., 2018; Keddell, 2017). In such contexts, proactive, relational engagement with families may be deprioritised. This cautious stance can result in delayed or reactive responses, where support is offered only once a crisis is evident—missing key opportunities for early relational work (Featherstone et al., 2018). While a heightened awareness of risk is necessary to protect vulnerable children, it can also cultivate a culture of fear that undermines practitioners' confidence, restricts reflective decision-making, and ultimately impacts the quality of care provided (Jensen & Aven, 2018).

In the next excerpt, participant Selma highlighted that being infant-focused was organisationally driven. In one role, she was undertaking court reports in a statutory setting, front-line statutory work, versus working in a community organisation where the relationship between mum and baby was the primary focus:

[In court] it was risk-averse—the whole context was risk-averse—and managing that complexity was challenging. You take a much more measured, even kind of road. Whereas when I was doing direct Child Protection assessment work with infants, it was much more crisis-driven. It was like: ‘Right now, what does this infant need?’ Those were protective, safety-driven needs, because you could be doing so much damage to the bond between the mum and the baby. So, we tried to use the least intrusive response. But I think we didn’t do that as well as we could have in the statutory response. My experience was that it wasn’t as holistic as, say, the court report side, where we had more time to go and look at everything thoroughly. *Selma*

Selma’s reflection highlights how the capacity to respond to the infant is often determined

less by the practitioner's intent and more by the organisational environment in which they are situated. In crisis-driven statutory contexts, immediate safety concerns can take precedence, often constraining relational work with the infant and caregiver. Conversely, in contexts where time and scope allow for more reflective, holistic assessments—such as court reporting or community-based roles—the infant's experience can be more fully held and responded to. This underscores a central tension in infant-led work: that the capacity to attune and respond is not solely a personal or professional competency, but a context-specific possibility shaped by policy, workload, and organisational culture.

Participants shared rich stories about their work with infants. However, when asked, “If you imagine that little one had a voice and could communicate that to the worker, what do you imagine they would have said?”—many found it difficult to conceptualise. In one interview, Lara responded:

If [the baby] was listened to... it [would be] like the heart being ripped out. But as long as we're separated, we're disconnected, and we're broken families, then we just never really get back. I think disconnect often happens when people get overwhelmed. *Lara*

While Lara's reflection demonstrates an intent to hold the infant in mind, her response is filtered through her own experience of community disconnection and loss. Throughout her interview, the infant was consistently conceptualised within the dyadic bond with the mother—a perspective that aligns with foundational principles of infant mental health. As Winnicott famously stated, “There is no such thing as an infant”—meaning that the infant only exists in relation to maternal care (1969–1971). In this sense, to respond to the infant also requires responding to their caregiving environment.

Keddell (2023) further argues that child participation rarely accounts for cultural context, despite the fact that such context profoundly shapes a child's values, behaviours, and expectations. An infant's cultural world must also inform how practitioners interpret and respond to their needs. Lara's comment reminds us that hearing the infant is not only about attunement but also requires recognising intergenerational, relational, and cultural disconnection that shapes their world.

Lara discussed that an appropriate response in her practice would be to support the mother and baby entering care together to preserve and strengthen their connection. As the families she spoke about during the interview were First Nations, and Lara herself is a

First Nations social worker, we also explored whether this approach could be considered a more culturally responsive form of practice.

Mesman, Van Ijzendoorn, and Sagi-Schwartz (2016) acknowledge the complexity of applying attachment theory across cultures in their work on cross-cultural attachment. While their research identifies many universal caregiving patterns, they also emphasise that the *meaning* of care is understood differently within each cultural group.

Although Lara did not explicitly frame her perspective through an infant-led lens, her practice is grounded in cultural responsiveness. She understood that family and community are central to a First Nations child's wellbeing. Her response—supporting both mother and infant together—demonstrates how cultural attunement can *be* infant-led, even if it is not named as such. In this way, she holds the infant centrally by attending to their essential relational and cultural needs.

Participant Jessie, passionate about being involved in the research, was challenged to hold the infant in mind and stated when asked again, “When you were working with [the family] and you had the infant present. How would you know what to do?” Here she demonstrated how she would respond to the infant:

I would help them read the baby's cues. So, an example might be that Bub, who was upset. [I'd ask the mum] what's going on or what's happening? What do you think's happening for bub? I'd be just trying to help them understand that the baby's trying to tell you something, they're not just there to piss you off. They're not just making a noise. What's going on? I'd be talking them through that, this is the only way they can communicate. What do you think's happening? Because they would get very triggered, especially mum. [In one case] he did see it as they're just here to annoy me. “They know, it winds me up”. Well, [I'd think, well] they won. Why do you think they're winding you up? I'd try to talk her through that and make her understand. That was difficult, I think, because of her emotional level as well.
Jessie

Jessie has demonstrated here a capacity to be present to the realities of what was happening for the parent and has demonstrated the skill of holding both the parent and the infant in mind and assisting the parent to see this experience through a different lens.

In an interview with participant SBW, the question was asked, *How do you hold the infant in mind, and how does this affect how you work with the parents in the family? How do you look to Bub to inform your practice?* SBW said,

I would help them read the baby's cues. So, an example might be—if bub was upset, I'd ask the mum: 'What's going on? What do you think's happening for bub?' I'd be trying to help them understand that the baby's trying to tell you something—they're not just there to piss you off. They're not just making noise. What's going on? I'd talk them through that—'This is the only way they can communicate. What do you think's happening?' Because they'd get very triggered, especially the mum. In one case, [the dad] saw it like: 'They're just here to annoy me—they know it winds me up.' And I'd think: 'Well... they won. But why do you think they're winding you up?' I'd try to talk her through that—to make her understand. That was difficult, I think, because of her emotional level as well. *SBW*

Jessie's reflection shows her ability to remain present in moments of emotional escalation, supporting the caregiver to reflect rather than react. By reframing the infant's behaviour as communicative rather than disruptive, Jessie models a relational practice that seeks to preserve the infant's voice while attending to the parent's own emotional challenges. This moment demonstrates the delicate balance required in infant-led work: to hold space for the parent's experience while staying attuned to the infant's cues. Jessie's approach reflects a feminist relational ethic—one that centres care, curiosity, and co-regulation as tools for transformation.

Jessie also demonstrates a capacity to speak for the baby—to observe, name, and reflect the infant's experience in a way that expands the caregiver's capacity to notice and respond. This aligns with a cornerstone of infant mental health: the centrality of relationships. While the infant–caregiver relationship is pivotal within infant mental health frameworks, the practitioner's relationship with both the infant and the caregiver is equally important. Through this relational triad, practitioners can contribute meaningfully to prevention, intervention, and advocacy, supporting reflective capacity and repair (Shapiro & Applegate, 2018).

In this work, the practitioner offers emotional honesty on behalf of the infant, naming what is seen and experienced to bring the infant's inner world into view. This practice speaks to the importance of being *truly seen* by another and experiencing congruence, whereby internal states are mirrored back through relational presence (Bunston, 2017; Shea, 2019). In their foundational work, Fraiberg et al. (1975) proposed the practice of *speaking for the baby*, using observation and clinical insight to articulate what the baby might feel in response to parental behaviours. This approach sought to help caregivers understand their baby's emotional life and foster more attuned responses. Fraiberg and colleagues famously wrote, "In every nursery, there are ghosts" (p. 387)—

referring to the intergenerational pain and trauma that can shape parenting capacity. By naming these influences, practitioners can support parents to reflect on the past in ways that enhance their understanding of the present and shift the patterns that shape infant experience.

SBW further shared her experience of connecting with families through her cultural lens as an Aboriginal woman who, while not a biological parent, draws from ancestral knowledge in her work. She explained:

You can share the relatable experiences, or you can definitely share the wisdom that's been handed down from your Elders. So, I've never had a given child. But I can speak to that, because that information and knowledge have been shared down from the Elders. *SBW*

Here, SBW illustrates how connection, responsiveness, and relational presence are informed not only by personal experience but also by cultural inheritance. Her approach affirms that the ability to hold the infant in mind and to speak for them with care is grounded in intergenerational and culturally embedded relational knowledge.

This reminds us that practitioners always bring their own stories into the work—stories shaped by how they were parented, how they were supported (or not) in their roles, and the cultural frameworks they draw from to make meaning. This research used the approach of *speaking for the baby* (Fraiberg et al., 1975) to explore how practitioners give voice to infants through their own interpretations and interactions within their work roles and organisational cultures.

Furthermore, Thomson-Salo (2018) speaks to the notion of *the infant as therapist*, emphasising that the infant is a person in their own right, with the capacity to connect and to *be connecting*. Often, she notes, the infant reaches out to the practitioner *before* the practitioner fully comprehends it. In this sense, the practitioner's engagement with the infant can evoke a therapeutic response within themselves—a kind of reciprocity that reflects the mutual nature of relational work.

This speaks to the dual intention of this research: while the practitioner is a central figure, the infant remains the driving force. As Bunston (2018) argues, practitioners must engage with infants as individual beings—with subjectivity, reflective capacity, and emotional presence. When practitioners hold infants in mind with this level of respect and

attention, they are not only keeping the infant in mind—the infant is also keeping them in mind (Thomson-Salo, 2018).

This study explored how practitioners approach relationships with infants and how their practice is shaped by their workplace environments and the wider Child Protection system. While the aim is to prioritise the infant's needs—particularly those in out-of-home care—the research centres on practitioners' experiences and their capacity to see, hear, experience, and respond to the infants they work with.

As discussed in Chapter One, infants comprise a significant proportion of Child Protection caseloads. Therefore, their care must align with their unique developmental and relational needs. To do this, practitioners must develop a more informed, attuned, and infant-led practice grounded in understanding infant mental health. According to Thomson-Salo (2018), infants who have experienced harm must be treated as individuals in their own right—not simply spoken *about*, but included as *participants* in the decisions that shape their lives. This highlights the ethical imperative to listen deeply, respond meaningfully, and hold the infant at the centre of care.

4.8 Chapter Conclusions

This chapter has explored the presence and absence of infants in child protection practice. The findings addressed the research question: *What is the practitioner's understanding of their role, their practice skills and knowledge within the organisation, and in relationship with the infant(s) they work with?* The excerpts presented offer a window into how practitioners attune to infants by seeing, hearing, and experiencing them in an embodied way.

The key theme in this chapter was *The Infant*, explored through four subthemes:

- *Seeing the Infant*: What is being seen, not seen, or unseen?
- *Hearing the Infant*: Being present to listening,
- *Experiencing the Infant*: Embodying the vulnerability of seeing and hearing,
- *Responding to the Infant*: How can the practitioner respond to what is seen, heard, and experienced?

Across these themes, it became evident that practitioners must bring their full presence to the work, engaging all their senses to observe, listen, and understand the infant's needs. The chapter argues for an infant-led or infant-centred approach, where infants are held at the heart of practice—not as passive care recipients, but as relational, emotional subjects whose cues and communications matter. This requires sensitivity, attunement, and responsiveness. However, the findings also highlighted the many systemic, emotional, and relational complexities that can obstruct this connection, including risk-averse cultures, time constraints, trauma histories, and limited organisational support.

The next chapter turns to the theme of *The Practitioner*, deepening the inquiry into how practitioners experience their roles, construct their professional identity, and relate to both infants and the organisations they work within. This shift continues to support the overarching aim of the research: to improve the wellbeing trajectory for infants in out-of-home care by strengthening relational, ethical, and culturally attuned practice.

Chapter Five

The Practitioner's Organisational Context and Their Practice with Infants

5.1 Chapter Overview

While the previous chapter focused on how practitioners *hold the infant in mind*, this chapter turns to the practitioners themselves, exploring their experiences within organisational and systemic contexts. It addresses the second research question: *What is the practitioner's experience in the context of their organisation and the child protection system, and does this influence their practice with infants?*

This question was designed to explore how practitioners make sense of the conditions surrounding their work—both the supports and constraints—and how these shape their relational practice with infants. Although organisational pressure and policy constraints are well-documented stressors in Child Protection, this study sought to elicit practitioners' *reflections on these impacts, particularly concerning* infants in out-of-home care (OOHC).

Chapter Five explores the key theme of *The Practitioner*, drawing together a range of subthemes developed from participant narratives. These were initially identified through codes such as trauma, relational ethics, organisational culture, and infant-specific knowledge. Subtheme titles were refined to reflect participant language and centre their work's relational and embodied nature.

The chapter comprises four main sections, each containing two to three subthemes. These subthemes are scaffolded by analytic categories such as *self as object*, *ethics of relationship*, and *embodied experience*, drawn from participants' own meaning-making in the interviews. Throughout, I include direct quotes to ground the analysis and highlight participants' rich, practice-based wisdom.

This chapter focuses on practitioners' skills, insights, challenges, and moments of growth to foreground the critical—yet often overlooked—role practitioners play in relational care for infants within complex organisational systems.

5.2 Themes

The following themes were developed from participant interviews and reflect the practitioners' experiences working with infants in the context of their organisations. These subthemes emerged through repeated clustering and revisiting of codes, focusing on capturing what most consistently shaped practitioners' perspectives and practices with infants.

This chapter begins by discussing how practitioners relate to infants directly—through self-reflection, embodied experience, and relational ethics—and then expands into how their identities, knowledge, relationships, and organisational contexts shape their work. While much of the existing literature explores these areas from a systems or theoretical lens, this analysis keeps the *infant at the centre*, using participant experiences to examine how practice unfolds in real-world child protection environments.

The four key themes are:

5.3 Holding the Infant in Practice: Relational Ethics, Trauma, and Embodied Experience

5.4 Becoming a Practitioner: Identity, Reflection, and Reworking Attachment

5.5 Feeling Held or Defended at Work: Supervision, Mentorship, and Emotional Climate

5.6 Integrity in the System: Moral Dissonance, Organisational Culture, and Ghosts at Work

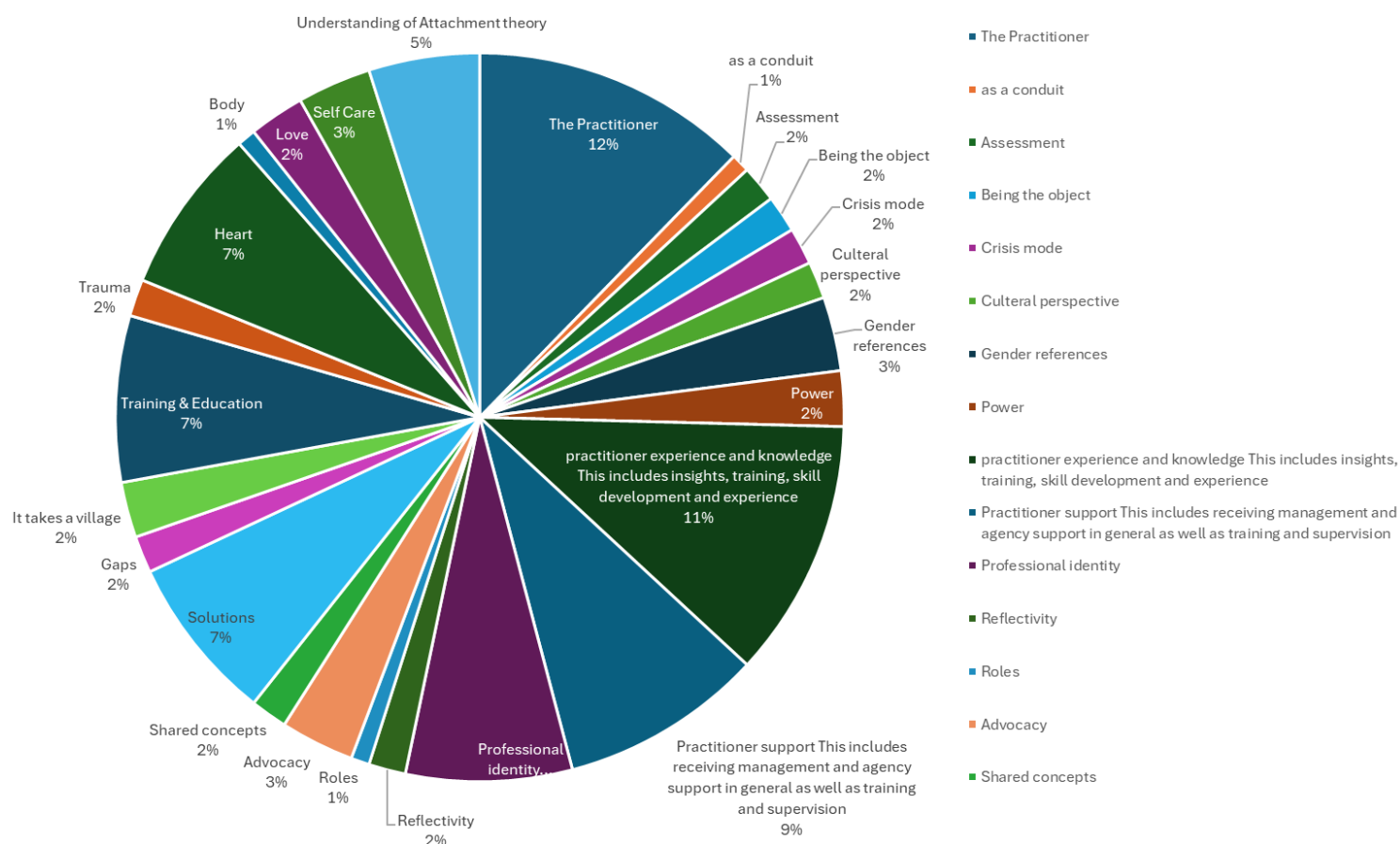
Theme Coding

Figure 5.1 illustrates the distribution of practitioner-focused codes that informed the development of this chapter's themes. The largest segments—**"The Practitioner" (12%)**, **"Practitioner Experience and Knowledge" (11%)**, and **"Practitioner Support" (9%)**—highlight the centrality of practitioner skill, identity, and relational containment in infant-focused child protection work.

Other key areas—**"Heart," "Training & Education,"** and **"Solutions" (each at 7%)**—reflect the emotional resilience, ongoing learning, and problem-solving strategies required in this field. Smaller but significant categories such as **"Self-Care," "Reflectivity," "Power,"** and **"Advocacy"** underscore the psychological toll of this work and the need for both self-awareness and systemic responsiveness.

Together, the coding distribution affirms that **practitioner wellbeing, ethical clarity, and relational capacity are not peripheral—but essential—to infant-centred practice in complex statutory environments.**

Figure 5.1 *The Practitioner Codes*



5.3 Holding the Infant in Practice

Relational Ethics, Trauma, and Embodied Experience

The practitioners in this study spoke about their relationships with infants not as abstract roles but as deeply felt, ethical, and embodied experiences. At the heart of their reflections was a recognition that to work well with infants, they must allow themselves to be *in* the relationship, not only observing, but participating. This theme examines how practitioners perceive themselves in relation to infants and caregivers, often becoming a relational object or conduit through which connection, communication, and care can flow.

Mary, an experienced infant mental health practitioner, described the practitioner's role as intentional relational availability. She reflected on the idea of becoming a "benevolent object" in the relational field between infant and caregiver:

I want to be an object that is that benevolent. You know, I want to be an object for [the mother and her baby] or her purposes, which are benevolent and healing. *Mary*

Mary's words reflect a deep understanding of self as object, not in a dehumanising sense, but in a relational one. Her role involves emotionally and ethically offering herself as a stable and responsive presence in the caregiving relationship. This echoes object relations theory, in which the practitioner can function as a "self-object" (Paquette & Terradas, 2018; Mollon, 1997)—a relational figure whose presence helps regulate and support the developing internal world of the infant. This presence has profound developmental significance in OOHC, where relational disruptions are common.

Mary also offered insight into how she reads the emotional world of the caregiver–infant dyad through their interactions with her:

I like to see what [clients] will make of you and see how they will [make the rules]. That always informs my understanding of their emotional world. And same with infants and children—it's almost like being in the play. *Mary*

Here, she speaks to an ethic of receptivity—allowing herself to be drawn into the "play" of the relationship and responding to the unspoken rules and patterns that emerge in real time. This resonates with Thomson-Salo and Campbell (2018), who argue that even fleeting interactions with infants can carry therapeutic weight when approached with attunement and emotional presence.

While practitioners in therapeutic roles described this kind of relational openness, those in statutory positions, such as child protection casework or foster care support, often reflected on the ethical tension between relational care and systemic demands. As Burton and Revell (2018) note, practitioners in these roles can become conduits of institutional processes—tasked with interpreting risk and compliance measures rather than holding relational space.

Beatrice, reflecting on her work with foster carers, described the emotional labour involved in remaining open to the infant's experience while navigating systemic expectations:

Knowing that the carers have got hearts, [and] their role is to bring these children in as their own... that they're going to be releasing that child back to their biological mum or dad—that is a huge responsibility. And to travel along with that

child and not treat them as your own, and not have a judgment on the things the biological parents have done... *Beatrice*

This reflection points to the emotional weight of ethical practice in out-of-home care, where caregivers are asked to love deeply without becoming too attached and where practitioners must often mediate between competing needs. Ghosh Ippen and Lieberman (2024) argue that infant mental health requires holding the caregiver–infant relationship as the client itself—a framing that is often at odds with statutory decision-making processes.

Zeanah et al. (2023) further highlight that ethical practice in infant care requires managing complexity and navigating tensions between safety, connection, and systemic demands. Frameworks must support practitioners in balancing these interests and reflecting on potential harms and benefits, not only for the infant but also for caregivers and practitioners themselves.

As Mary succinctly put it: “If you are in the field, you are in a relationship.”

In this study, practitioners described this relational stance not just as a technique or philosophy, but as a lived experience that calls for emotional courage, ethical clarity, and the willingness to be present in deeply human ways. This willingness to be present within the relational space—whether as a self-object, a co-regulator, or a therapeutic presence—requires practitioners to bring their whole selves into the work. However, this presence is not without cost. In the following section, *Trauma and Embodied Experience*, I explore how practitioners carry the emotional and physical weight of their work with infants, and how trauma—both past and present—shapes the way they experience and respond within these relationships.

Practitioners working with infants in Child Protection settings are not only witnesses to trauma—they also carry it, feel it, and at times, are changed by it. While Chapter Four focused on how practitioners attune to infants through embodied presence, this section turns toward trauma's impact on practitioners. Participants spoke about how their bodies, emotions, and intuitive reactions became tools in the work—and at times, sources of strain, grief, or self-doubt.

Reflecting on a tragic case, Jace shared the deep personal impact of being unable to prevent harm. Even though he followed procedure, the death of a child under his care led him to question his actions and ultimately change his practice:

One that I worked with... the child was murdered. I talked to my supervisor... why am I taking this personally? I know I did the correct process. But yes, that's one I wish this baby could actually turn around and [tell me]... That's when I changed my whole practice. I want to see this baby being changed, to look at every part of Bub. *Jace*

Jace's story shows how trauma is carried in the body and how it can shape practice long after a case is closed. This embodied awareness—what Ghosh Ippen and Lieberman (2024) describe as the “felt sense” of trauma—can become a site of transformation, but only if it is held with support, reflection, and care.

Other participants spoke about moments where their bodies responded before their minds. Louise reflected on the vulnerability of infants exposed to prenatal harm, asking not just what had happened to them, but what they might be feeling—physically, emotionally, and relationally:

What does that mean for those little bodies? And how can we help regulate those bodies? *Louise*

This attunement reflects what Harrison and Tronick (2022) describe as the intersubjective space—the felt connection between people shaped by emotion, history, and presence. Lara added to this by highlighting the importance of intuition and bodily awareness in her work:

To become more intuitive practitioners in the heart space... where they don't talk, where it is a feeling. You have to read the room. And you have to check yourself so we're not trampling on sensitive information. *Lara*

These insights suggest that practitioners observe infants and feel with them, using their own emotional and bodily responses as information. However, this kind of attunement requires deep self-knowledge and reflection. As Sandra noted, this is not always present across the profession:

A lot of social workers in family violence haven't done a huge amount of reflective work on knowing themselves... if you don't know yourself... I don't know if that's possible. You can't go deep into that experience and deep out, because you haven't got the boundaries set up within yourself. *Sandra*

Sandra's reflection highlights the protective role of reflective practice. Hazen et al. (2020) and Barron et al. (2022) argue that supervision and reflective dialogue are key to managing trauma in the helping professions—not only to process what practitioners are

exposed to but also to create boundaries that keep them grounded and safe. Without this, the practitioner risks absorbing trauma rather than working with it.

Susan's story brings this into stark relief. She recalled a visit to a home where children had been neglected so severely that the signs were both visible and visceral. She acted quickly while her team leader, overcome, froze:

I was angry. When I'm really angry, I'm extraordinarily heightened. So, I was watching every single thing. We finally got the two children outside... it started to rain and just the wonder [on the child's face]—he had never been outside. *Susan*

Susan's anger became a tool for action, but the emotional impact lingered. Her story points to the cumulative toll of witnessing harm, especially when it is not buffered by adequate support. Winning (2023) writes about the "institutional gaze" and how professionals become objects of projection—expected to carry pain, responsibility, and resolution. In Child Protection, this weight can lead to burnout or collapse if not met with care.

Across these narratives, practitioners described how trauma lives in the body—how it can sharpen perception, deepen empathy, and overwhelm. The body becomes both a tool and a site of risk. When supported by reflective supervision, these embodied responses can guide ethical, attuned, and emotionally intelligent practice. However, when unsupported, they may become unspeakable burdens, silently shaping how practitioners feel, think, and decide.

These accounts show that working with trauma is not just about witnessing—it is about carrying, feeling, and sometimes absorbing the weight of others' stories. How practitioners make sense of this weight and how they hold on to their purpose, values, and sense of self in the work becomes central. In the next section, I examine how practitioners perceive their professional identity and knowledge—what they bring to the work, their challenges, and how their learning journeys influence their relationships with infants.

5.4 Becoming a Practitioner

Identity, Reflection, and Reworking Attachment

Professional identity is not static—it evolves through relational encounters, supervision, self-reflection, and often, confronting one's own limitations. This subtheme

explores how practitioners make sense of their work and how insight can open up more attuned, ethical practice with infants, especially when paired with curiosity.

Susan reflected on a case where harm had been missed. At first glance, the baby looked well cared for: warm, comfortable, seemingly safe. However, when more attention was paid to the infant's cues, the reality was starkly different.

One baby in particular, by all accounts, looked fine. We get a call from the police that the baby is almost dead. A CSO had been out there checking on the baby that day. That baby had not been fed for three days. The baby looked warm and comfortable. That is all it was noted. *Susan*

When I asked her if things might have unfolded differently had the practitioner been trained to consider what the infant was experiencing, she responded:

Never take it at face value. Peel back the covers. Is the baby breathing okay? Did you make eye contact? Is the baby moving? Does the baby look like it's been fed? Does the baby have a clean nappy? What does the baby do when mum comes over? All of that—not just 'Oh he's cute, all tucked and nice and warm.' *Susan*

Her words reflect a shift from observational surface-level assessments to a deeper, relational curiosity that centres the infant's subjectivity. This kind of insight speaks directly to a feminist relational orientation, which values the *felt, seen, and relationally co-constructed* over the procedural and assumed. Seeing the infant relationally, not just physically, becomes an ethical and political act.

This learning process—of shifting one's gaze—is echoed in Jace's story. Reflecting on an earlier stage of his career, he shared:

I waved my reports—kids not looked after, dirty houses. And the social worker turned around and said, 'All you saw was the dirt. You didn't see the child was happy, the child was engaging.' That was my biggest wake-up call. *Jace*

His story demonstrates how early impressions, shaped by personal values or professional assumptions, can obscure the most important: the relational world of the child. In a feminist relational frame, knowledge is not neutral but relationally held, shaped by context, emotion, power, and positionality. Jace's willingness to reflect and shift his lens illustrates what Howe and Hill (2024) describe as the critical role of reflexivity in ethical decision-making. Similarly, Ferguson (2018) emphasises that good practice is rooted not only in knowing, but in *learning from not knowing*—from recognising our blind spots and choosing to see differently.

Across these narratives, insight is revealed not as a technical skill but as a relational and ethical practice that requires humility, self-awareness, and ongoing reflection. These are the foundations of professional growth and infant-led, relationally responsive practice.

As discussed in Chapter Two, attachment theory posits that a child's early emotional bond with a caregiver is foundational to their development, influencing relational patterns and mental health throughout life (Wallin, 2014; Zeanah & Dozier, 2021). In infant mental health, this theory has long shaped ideas of safety, consistency, and responsiveness. However, its widespread use in child protection has prompted significant critique, particularly when applied rigidly or out of context.

Participants in this study raised concerns about how attachment theory is used in practice—sometimes as justification, sometimes as rhetoric, and often without a deep understanding of its complexity. Selma, who has worked in both court and frontline roles, shared frustrations with how the theory is applied:

[They need an] attachment coach in child protection... There's nothing about attachment. There's nothing about bonding. It's all about your parenting capacity. We use attachment theory throughout the process, but there's no real framework for it. *Selma*

While Selma saw potential value in attachment theory, she highlighted its misuse: often applied selectively or as a “stick” to justify decisions rather than to deepen understanding. Reflecting on a child placed with her extended family, she recalled how the theory was used to both support and challenge a placement, depending on policy priorities:

Attachment theory was being used as ‘there's this stick’... They're not even interpreting the research correctly. They're using it under the guise of evidence, but it's flawed. *Selma*

This aligns with Keddell's (2017) findings that, while influential, attachment theory is often misapplied—treated as a definitive measure rather than a contextual tool. Forslund et al. (2022) warn that decisions made based on attachment language, without critical engagement with context and caregiving history, risk doing more harm than good.

Alan, a practitioner working in early intervention, described feeling confused and undermined by the way attachment discourse is policed:

I put all this stuff out there about attachment... The CSO team called me and said I'd have to leave it out. Even if I write up all these worries... the judges [and others] say: 'You're not an attachment expert.' So, who cares? *Alan*

His experience highlights a tension between practitioner expertise and institutional gatekeeping. Despite being trained in attachment theory, his insights were dismissed as invalid. This reflects a hierarchy of knowledge and a form of epistemic injustice, where frontline knowing is devalued because it does not align with sanctioned definitions of expertise.

These reflections reveal a common frustration among practitioners: even when they are well-versed in theoretical frameworks, their interpretations may be dismissed if they do not hold formalised expert status. This dynamic reinforces a rigid epistemology that privileges institutional authority over relational insight.

From a feminist relational perspective, these stories illuminate how theoretical knowledge is embedded in systems of power. When attachment theory becomes a gatekeeping tool, rather than a guide for relational understanding, it risks reinforcing institutional hierarchies. It also reveals how certain kinds of knowing—especially relational, intuitive, or embodied insights—are excluded in favour of technical or clinical authority.

Feminist scholars have long critiqued attachment theory's historical focus on the mother-child dyad as politically and culturally narrow (Buchanan, 2017; White & Gibson, 2019). Ainsworth's early framing has been challenged as inadequate for diverse families and contexts. However, despite this, attachment discourse still dominates many assessment tools, often without regard for cultural safety, kinship care, or structural influences.

In this study, participants recognised the value of understanding attachment relationships but also expressed frustration with how theory was selectively used or rejected depending on the setting. This points to the need for more nuanced, critically engaged practice that centres the infant's relational world but also considers context, culture, and practitioners' lived knowledge.

As such, this subtheme reinforces the broader argument of this thesis: that working relationally with infants requires not just technical knowledge, but ethical discernment, reflective capacity, and a willingness to challenge the dominant discourses that shape our

practice. In the following section, I explore how these tensions play out in professional relationships and workplace culture.

The critiques of attachment theory and how it is used in child protection show how deeply theory, power, and professional identity are entangled. These tensions do not just shape assessments but also ripple through workplace relationships. In the next section, I explore how practitioners experience themselves in relation to colleagues, supervisors, and organisational culture, and how this impacts their ability to stay present to infants in their care.

5.5 Feeling Held or Defended at Work

Supervision, Mentorship, and Emotional Climate

This theme turns our attention to the relational environment of the workplace—how practitioners experience their roles, how safe and supported they feel, and what this means for their capacity to stay present to infants and families. At its heart, this is about how care is given, received, and sometimes withheld within professional systems.

This subtheme explores how practitioners experience support—or the absence of it—within their workplaces. While many participants described limited access to reflective practice supervision, they also spoke fondly of mentors and colleagues who helped them grow in less formal ways. Reflective supervision is beneficial and essential for practitioners working with the emotional complexities of infants and families. It creates space for the work's emotional content to be processed with curiosity, not defensiveness (Weatherston et al., 2024). Within these relationships, practitioners are supported to consider how their thoughts and feelings shape their interactions with infants and carers (Barron et al., 2022).

Alan, both a practitioner and supervisor, described how essential it is to bring the self into the work:

There's been this breakdown of bringing the self into the role, and then owning your own expertise—but keeping an open mind at the same time, because that's what we need to do all the time. *Alan*

His statement reflects practice's relational and mutual nature—one that recognises everyone brings knowledge, but that no one has all the answers. In a feminist relational

frame, this is a form of epistemic humility, where power and knowledge are shared rather than imposed.

Other participants, like SBW, spoke to the gap left when mentorship or supervision was not accessible in the moment they needed it:

There might have been some situations where I wish I had had access to a mentor, or someone on hand to debrief... and maybe come back in a couple of months and review how I responded. The follow-up and tracking of that for your own sense of self—I think that's good. *SBW*

When asked about difficult decisions involving infants, SBW reflected:

I wouldn't have thought of that myself. I would only have had those thoughts in a small group, like with my peers... Being with them made me think more about another pathway. *SBW*

SBW's account highlights how insight often emerges through dialogue and relational reflection, not just individual processing. Whether formal or peer-based, supervision offers a space to challenge assumptions, try on different perspectives, and remain open to learning.

Louise echoed this theme of relational learning. As a new practitioner, she actively sought support from more experienced colleagues:

I said to one of the practitioners with 15 years' experience, 'You have so much experience—I want to learn from you.' And I sit beside her now. *Louise*

Her statement is both practical and relational. It shows initiative, but also the importance of feeling safe enough to ask for help. She went on to describe how this support extended into formal settings:

I always felt supported from the start—the debriefing... There was a lot of learning for me in supervision, always feeling heard. *Louise*

This sense of being heard and seen is core to relational containment. It supports practitioners in staying regulated and thoughtful in work that can easily become reactive.

However, consistent with existing research, many participants described supervision as more task-oriented than reflective. Beddoe et al. (2022) found that supervision offered by managers often prioritises reporting, targets and caseloads, leaving little room for emotional reflection. In contrast, effective supervision fosters trust, allows emotional material to surface, and creates space for critical reflection (Egan et al., 2017; Barron et al., 2022).

In emotionally complex work, reflective supervision also acts as a protective buffer against burnout and trauma exposure (Ide & Beddoe, 2021). As McKeown and Yeung (2023) argue, practitioners constantly interpret the world around them—often through personal filters and histories. Without space to examine these in supervision, such filters can quietly shape decision-making in unintended ways.

In a feminist relational context, supervision and mentorship become more than performance oversight—they are spaces of care, connection, and ethical grounding. They allow practitioners to remain open to learning, emotionally available to infants and families, and accountable to themselves and others.

While supervision and mentorship can create spaces for relational growth and reflection, many participants also spoke about how they feel in the work itself—how much of themselves they can bring, and what it feels like when that is not met. The next subtheme explores the emotional landscape of practice: how practitioners experience being “felt” in their roles, and what happens when they are not.

Alongside questions of supervision and support, several participants also reflected on the emotional undercurrents of team culture—and how it feels to be seen, or not seen, in their everyday work. Continuing with the theme of supervision and the practitioner's experience, this current theme emerged around how it felt to be at work and what was supportive and what was not. In the next excerpt, participant Beatrice was on a challenging phone call with a foster carer demanding the staff's time. Beatrice shared how she experienced feeling supported at the end of this call.

[The team] are listening to me [on a challenging phone call] and they can't hear what she's saying. But I know they all know what she's saying. She's having this big rant and everything [and is] in a conflict cycle. After what was quite a lengthy phone conversation. I got the shock of my life, I hung up. And every practitioner in the room stood up and gave me a standing ovation. *Beatrice*

This example demonstrates a sense of feeling valued and proud through collegial support, as Beatrice handled this challenging situation well. Participant Esther, who is in a similar role, noted she had not received the support she needed since starting at the agency. While I inferred she was not content with the situation, she commented that this was due to the busyness of the place:

To be honest, I have had one supervision in four months. I know there have been different changes, but without my experience in child safety, I would feel extremely lost right now. *Esther*

During the interview, Esther was empathetic and understanding of the situation. She explained that the staff were off sick and had large caseloads that needed attention. However, she observed that this was a common issue in most organisations where, due to the complexities, the workload becomes a priority over self-reflection. Despite these circumstances, Esther mentioned that she had numerous opportunities to reflect on her practice through various forums, including team and agency meetings. However, this does suggest that she felt inadequately supported in her role.

It raises important questions about the organisational culture and how it values the time of each practitioner. Also significant is that Esther refers to her lengthy experience in front-line child protection as supporting good practice without supervision. Additionally, Esther raises another critical point about retention and staff turnover. If turnover is high, there is a lack of supervision and experience across the organisation, and outcomes for children in care can be impacted (Russ et al., 2020).

In another example, participant Alan spoke about the impact of a person's perception of their professional potential. He highlighted how one's perception of oneself or others could limit one's ability to achieve goals. This observation emphasises the importance of self-awareness and how it can impact professional growth in practice or, without it, team morale (Barron et al., 2022). Feeling valued as a practitioner requires a supportive team environment that fosters a sense of being seen and understood.

It's kind of like a paradoxical situation where even if you have someone that you know, who worked in maternity with children. But then no one in the team would want her opinion on what's happening with the child's development because she was perceived as being a 'know-it-all'. *Alan*

This suggests that although the team has a staff member with valuable direct knowledge of child development, this expertise remains untapped due to colleagues' perceptions of him. Neither the team nor the individual engages in self-reflection or takes steps to address this dynamic to improve outcomes for the families they support. Alan's perspective is notable, as it highlights a common tendency among practitioners to compartmentalise their professional and personal identities; a practice seen as essential for self-care but potentially limiting for reflective practice.

Each practitioner's experience shapes the intersubjective space, where unspoken feelings resonate within the team environment (Janse, 2018). Given the challenges practitioners face, the intense emotions arising from relationships with service users can impair their ability to think clearly and maintain objectivity (Huang, 2024; Hunt et al., 2016; Ingram, 2015).

The next excerpt, by participant Jessie, provides an example of relational dynamics that can hinder a practitioner's ability to attend to their job and feel safe in the workplace.

I remember having a very volatile team leader, and she would be yelling and screaming and carrying on in the office. And I just said, Okay, let's sit down and talk about this particular case. You know, what is the evidence that we have before us? So, I was absolutely humiliated. And I'd gone outside as I needed a break from my work. I just needed to step out, you know, it was pretty intense. So, this particular team leader yelled across at me. I didn't yell back or yield; I went to her office and said, Can I have a moment? I took her out of that office to shift the power dynamic. I said I just need to let you know how I felt about what happened just then.
Jessie

Unfortunately, this kind of dynamic is common. It prohibits practitioners from being open and safe in exploring their cases and limits their capacity for engaging in more meaningful practice (Hunt et al., 2016).

Practitioners and managers often find it challenging to balance meeting the organisational requirements and providing reflective spaces during supervision sessions to advocate for their work with families and carers (Bate et al., 2021; Beddoe et al., 2022). International concern is that child protection supervision is becoming increasingly focused on risk management, mechanistic practices, and task-focused surveillance (Hunt et al., 2016; Featherstone et al., 2018; Russ et al., 2020).

Reflective supervision, which prioritises learning and professional development for practitioners, can help counteract the negative effects of managerialism on child protection (Hunt et al., 2016; Oates, 2022). By engaging in reflective supervision, practitioners can reflect on their use of self, skills, relationships, the working environment, and their potential to bring about change within a safe and professional space.

When practitioners do not feel safe, heard, or respected within their teams, it becomes harder to stay connected to the emotional and relational demands of their work.

Whether it is the inability to raise concerns, feeling silenced in meetings, or navigating volatile leadership, these dynamics limit reflective capacity and hinder infant-led, relational practice. This is more than a question of workplace culture—it is a question of ethics and sustainability. Reflective supervision offers a potential buffer against these pressures, supporting practitioners to hold complexity, remain open to learning, and stay emotionally regulated in their practice.

The next section turns more directly to the organisational setting, where participants share what prevents good enough practice and how systems themselves can shape, support, or obstruct relational work with infants and families.

5.6 Integrity in the System

Moral Dissonance, Organisational Culture, and Ghosts at Work

This theme explores how organisational culture and systems shape practitioner experiences and ultimately influence their capacity to work in relational ways with infants and families. While much research in child protection focuses on individual decision-making, this section highlights the broader context—how workplace dynamics, systemic pressures, and organisational structures can support or hinder good practice. In particular, it highlights how critical reflection, communication, and practitioner wellbeing are often sidelined by performance pressures, contributing to disconnection and burnout. Through participant narratives, this section unpacks what impedes good practice and offers insight into where systemic change is most needed.

This section explores internal barriers to reflective, relational practice in child protection work. Several participants spoke of conditions that led to feelings of disempowerment, hypervigilance, and disconnection. These themes raise important questions about organisational culture and how it impacts the capacity for infant-led, relational work.

Sandra introduced the phrase "blind social working" to describe a way of practising that lacks critical self-awareness or emotional reflection. She linked this to the absence of reflective practice and its consequences for infants and families:

There is a lot of blind social working going on, then throw in [emotions], like children, very highly powerful topics and experiences. I think [this happens] if you don't know yourself, or if you don't go home and do a lot of reflecting. *Sandra*

Sandra also reflected on how hypervigilance can emerge when practitioners do not feel safe or valued in their roles:

A lot of disempowered workers who don't see their value. Because they've been hyper-vigilant in their workplace, trying to get the work done and keep out of the way. I think there's some really damaging stuff that's happened. *Sandra*

Participants described how these workplace dynamics could affect not just morale, but also the quality of care infants receive. When workers feel undervalued, unsupported, or excluded from important communication, their ability to hold infants in mind may diminish.

Beatrice highlighted the impact of poor communication between statutory and non-government services:

Child safety will run their own show and do their own thing, and you'll find out that they've had conversations, and you don't know about them. And, you should have been in that; that was a very important thing that I needed to know about. *Beatrice*

Esther proposed more targeted, infant-led communication as a solution:

I think communication is so important... our families and our infants would benefit from agencies and organisations having regular and trustworthy communication and sharing information that is meaningful for the infant, like an infant-led scan panel, as opposed to a generic one. *Esther*

These reflections align with research highlighting how neoliberal and risk-averse organisational cultures can limit reflective practice and relational decision-making (Morley & O'Bree, 2021; Bloom, 2019; Hunt et al., 2016). While practitioners want to focus on infants' needs and experiences, they are often constrained by fragmented systems, hierarchical decision-making, and reactive, crisis-driven practices.

The previous section highlighted the systemic and cultural pressures that practitioners face—pressures that can distort reflective practice, dampen collaboration, and obscure the infant's experience. These organisational impediments are not just logistical; they also shape practitioners' sense of self and integrity. The next section explores how practitioners navigate these tensions and what happens when integrity is compromised in

the face of systemic constraints—what some described as the "ghosts" that linger in organisational life and influence decision-making with and about infants.

For some, the strain of working in a misaligned system felt like a slow erosion of professional integrity. What one participant referred to as “blind social working,” and another as being haunted by *ghosts in the workplace*. The concept of *ghosts in the workplace* draws on Fraiberg et al.’s (1975) foundational notion of *ghosts in the nursery*, which described how a parent’s unresolved trauma could shape their relationship with their infant. Norman-Murch and Wollenburg (2000) expanded this to include organisational settings, where unacknowledged personal and collective trauma can affect professional development, relationships, and ethical integrity. These ‘ghosts’ are not just personal histories, but also institutional ones—shaped by dominant norms, power dynamics, and the legacy of past practices.

Throughout this chapter, participants described the emotional and ethical weight of working in systems that prioritise procedure over presence. Reflective supervision, embodied practice, and the use of self are all ways practitioners try to remain connected to the infant and their integrity in the work. However, systemic barriers—like workload pressures, defensive cultures, and policy-driven practices—can interrupt these connections.

As explored earlier, attachment theory offers one way of thinking about relational dynamics in practice. However, as White et al. (2019) argue, its overuse or misapplication in child protection can obscure broader structural issues, such as poverty or institutional power. Ash and Grey (2022) extend this critique, suggesting that attachment concepts can also be used to explore practitioner relationships with colleagues and organisations, especially when systems become sites of chronic stress or detachment. When a practitioner is overburdened and under-supported, their capacity to reflect and stay attuned can be compromised.

Participant Selma advocated for organisational transparency and disruption of dominant narratives:

The more that you can open it and let the sunshine into dysfunctional organisations or spaces, the better for children... You start to diffuse and dilute the dominant belief system, because there are alternative viewpoints. *Selma*

This idea aligns with what Hunter and Baxter (2021) call for: an attunement to the emotive, affective, and aesthetic experiences within organisations—not just their rational or functional aspects. Like the subtle signals of a nonverbal infant, there are often ‘unseen’ dynamics that shape practice, particularly in environments influenced by histories of colonialism, racism, and systemic neglect (Muhr & Salem, 2013; Nogrady, 2019; Ivec et al., 2019). These ghosts linger in organisational culture, policy, and discourse, and can compromise practitioner integrity and relational care if not acknowledged.

These organisational challenges—from poor communication to reactive, risk-focused systems—have a cumulative impact on practitioners. They do not just affect day-to-day operations; they shape how practitioners see each other and their capacity to hold infants and families at the centre of their work. A deeper rupture can occur when ethical tensions remain unresolved and when the system undermines relational practice. This next section examines the moments when practitioners feel their integrity compromised—what some have termed the presence of *ghosts in the workplace*—and how historical, cultural, and institutional legacies continue to shape the emotional landscape of practice today.

5.7 Chapter Conclusion

This chapter explored the research question: *What is practitioners' experience in the context of their organisation and the child protection system, and does this influence their practice with infants? The findings show that practice with infants is deeply relational and embodied, shaped not only by individual values and insight but also by broader organisational contexts.*

Themes in this chapter highlighted how practitioners engage with infants—sometimes as objects for reflective growth and healing, but not as passive recipients of projections or system stress. Through the lens of relationship ethics, participants reflected on their use of self, their boundaries, and the risks of trauma when care work lacks containment or acknowledgment. Their reflections on attachment theory illustrated how practice knowledge is applied, misused, or challenged—particularly in child protection systems that struggle to accommodate nuance and complexity.

The chapter then turned to the workplace, with participants sharing how their experiences of supervision, mentorship, and feeling ‘felt’ by others impacted their capacity

to stay connected to the infant in mind. Burnout, moral distress, and organisational disconnection were explored through the theme of *ghosts in the workplace*—a reminder that personal and institutional histories shape how care is given and received.

The findings suggest that organisational structures can either hinder or support relational, infant-led practice. The narratives highlight the importance of reflective spaces, ethical relationships, and emotionally attuned supervision. If infant care is to remain central in child protection work, organisations must be designed not just for procedural efficiency but also for relational integrity and emotional presence.

Chapter Six

Structures of Care: Organisational Capacity and the Infant in Mind

6.1 Chapter Overview

The previous two chapters discussed how practitioners consider the infant and how the organisational context influences their practice with infants. In this chapter, the third research question will be addressed: *What does the practitioner need to increase the capacity of the child protection system to better respond to the needs of infants?*

At the outset of the research project, I was concerned about how practitioners who work with the most vulnerable populations in these most complex systems of care were supported. What emerged was the practitioner as a person in the system, their understanding of how the organisation worked both in support of and against them in their role, and their ideas about what needed to be addressed differently. This research question explores how child protection systems can better support practitioners in being more responsive to infants, who are particularly vulnerable and often invisible in policy and practice. Identifying such needs is immensely important, as findings can improve focused practitioner training, support, and organisation culture that, in turn, inspire effective, infant-centred care.

In child protection, especially for non-verbal infants, the practitioner's capacity to remain attuned to the infant's cues and needs is paramount. This chapter explores themes that impact practitioners' ability to engage with infants meaningfully, from the culture of care within organisations to broader systemic forces shaping practice. Each theme shows the organisational 'state of mind' and its potential to support or hinder an infant-centred approach.

6.2 The Themes

The themes begin by examining the *Care of the Practitioner*, recognising that a practitioner's wellbeing, identity, and support directly influence their capacity to remain present and responsive to the infant's needs. Just as infants rely on stable, attuned caregivers, practitioners rely on a supportive organisational culture to focus on the infants in the face of complex demands.

Building from this, the *Culture of Care* addresses how the organisational environment fosters or limits empathy and attentiveness toward infants. Here, we also consider First Nations perspectives, exploring how these cultural ways of being and knowing can deepen practitioners' understanding of infants within diverse cultural contexts.

Next explored is the *Systemic State of Mind*, which reflects the broader mindset of the organisation and the emotional climate practitioners experience. The *Vulnerability Parallel* mirrors how infants depend on caregivers; just as infants' wellbeing relies on responsive care, practitioners' ability to care for infants depends on an organisation's attuned, supportive state.

Finally, I discuss *Systems of Care*, with themes of risk-aversion and the politics of child protection. These systemic structures influence practitioners' interactions with infants in profound but often indirect ways. While intended to safeguard, risk-averse practices and political pressures sometimes shift attention away from each infant's unique and immediate needs. In closing, this chapter emphasises the importance of aligning each level of care: individual, cultural, and systemic, toward a truly infant-led approach.

The following sub-themes link to the research aims: to explore the practitioners' understanding of their direct and indirect relationship with the infant in OOHC. They are presented from the participant interviews, which allowed a closer look at the practitioners' concerns. These sub-themes are highlighted as they capture the current concerns from the literature.

6.3 Who Holds the Helper? Care and Professional Identity in Child Protection

6.4 A Culture of Care: Relational and Cultural Ways of Being in Child Protection

6.5 Systemic State of Mind: Organisational Climate and Practitioner Vulnerability

6.6 Systems of Care: Risk, Politics, and Organisational Complexity

Theme Coding

This coding snapshot reveals the organisational landscape as experienced by practitioners—one dominated by managerialism, risk, and decision-making, with less emphasis on integration. This landscape's emotional and ethical weight threads through the

following thematic analysis on human-centred elements like programs, relationships, and systemic

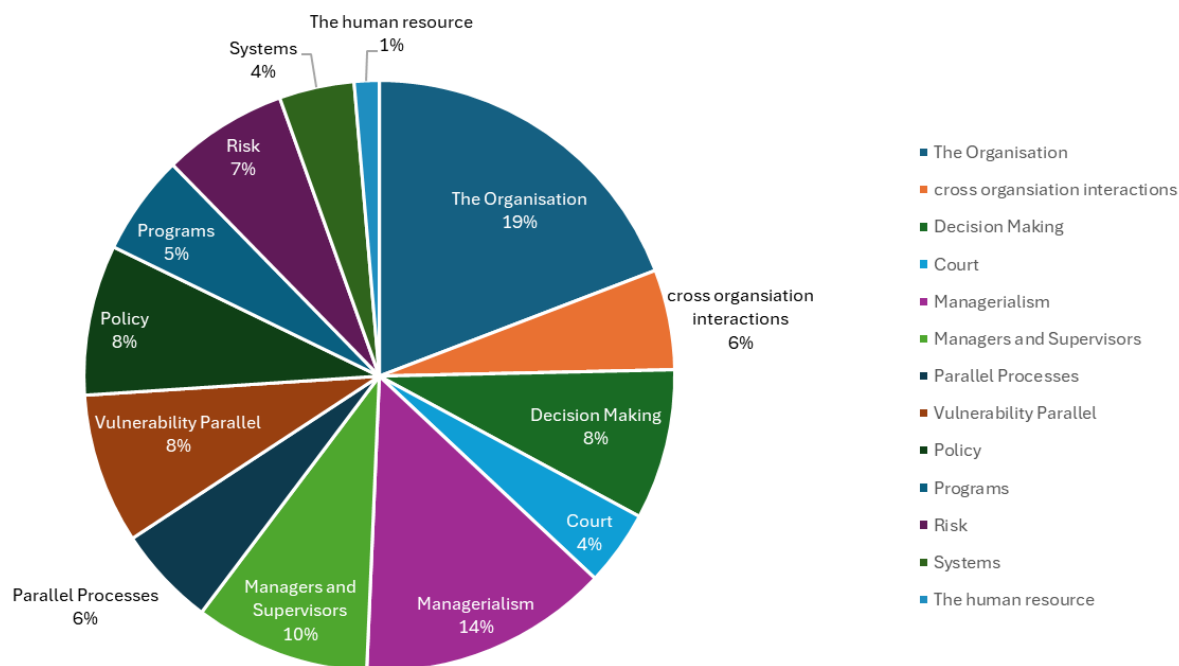


Figure 6.1 The Organisation Codes

6.3 Who Holds the Helper?

Care and Professional Identity in Child Protection

Infants require active engagement with empathetic caregivers to develop communication skills and regulate internal emotional states (Osofsky et al., 2024a; Zeanah & Dozier, 2021). In parallel, the relational experiences of practitioners within the workplace significantly influence their effectiveness and wellbeing (Kahn, 2022; Yip et al., 2018). When practitioners feel psychologically safe, supported, and connected to others at work, their professional identity is strengthened, and their capacity to care is enhanced (Ehrhardt & Ragins, 2019).

Intersubjective systems theory (Burg, 2023) expands on this, suggesting that relational and systemic contexts shape individual experience. A practitioner's wellbeing is not solely personal—their workplace environment profoundly shapes it. A relationally attuned organisation can bolster a practitioner's ability to remain present to infants, reinforcing the core purpose of their work.

Mary, an experienced infant mental health worker, reflected on how vulnerability in her relationship with a colleague ultimately led to connection and growth:

I think it was the growing trust in the relationship... she discovered I was not a person who wanted to dominate other clinicians... My ambitions were always around the academic and the experiential... we would probably be friends and have a lot of fun together, which we did. *Mary*

Mary's reflection highlights the importance of workplace trust, openness, and relational safety. It suggests that professional growth and satisfaction are closely tied to environments that make space for vulnerability and mutual regard—key tenets of feminist relational theory.

In contrast, several participants described how the absence of relational support—especially in supervision—undermined their capacity to work reflectively. Sandra described how the quality of supervision depended heavily on the individual team leader, rather than on an organisational commitment to reflective practice:

The model of case management is whoever your team leader is, that's your experience of child protection. Are they punitive? Or are they a kind, values-based practitioner who can hold that person in human regard? *Sandra*

Sandra's insight echoes research that finds managerial supervision often centres on case targets rather than the emotional needs of practitioners (Beddoe et al., 2022). When supervision becomes primarily a compliance tool, practitioners lose vital opportunities to process emotional material and engage in ethical reflection (Wilkins et al., 2017).

Participants also spoke about the broader impact of organisational identity on professional identity. SBW described the tension between personal ethics and organisational structure:

As a practitioner, you're part of the action, sometimes part of the inaction... because you're part of a particular system, and its structure. Your practice framework should include no discrimination and always strive for fairness and justice. *SBW*

This quote speaks to the moral and ethical grounding many practitioners bring to the work, often informed by social work or allied professional frameworks.

However, as Selma pointed out, this grounding is not always shared across the system:

We're gonna make everybody the occupation of child protection, irrespective of your professional background and framework... of course, a team leader or a manager would allow under the occupational hierarchy to identify themselves as an expert. *Selma*

Selma's observation underscores the clash between professional identity and organisational roles. Practitioners can feel disempowered or devalued when treating child protection as an occupation rather than a professional field with defined values and frameworks. Gillingham (2015) also notes that in Australia, unlike in many other countries, social work is not the dominant profession in child protection. This structural factor can dilute shared values and practice standards.

This theme also speaks to a broader shift in child protection policy—from reactive, investigation-based models to preventative, relational ones (Featherstone et al., 2019; Daro & Dodge, 2019). While promising, these changes require organisational cultures that support reflective, ethical, and multidisciplinary practice. When organisations invest in relationally attuned supervision, value practitioner insight, and promote cross-disciplinary collaboration, they create environments where practitioners can sustain their connection to infants and families.

Ultimately, caring for the practitioner is not an add-on but a condition of ethical practice. When organisations hold the helper, the helper can better hold the infant. While the care of the practitioner lays the groundwork for responsive practice, this care does not occur in isolation. It is embedded in a broader organisational culture that fosters or constrains relational engagement. The next theme explores how this *Culture of Care* is experienced—and how First Nations perspectives, in particular, enrich understandings of connection, accountability, and relational ways of being.

6.4 A Culture of Care

Relational and Cultural Ways of Being in Child Protection

This section explores how practitioners experience and interpret the organisational culture in relation to their work with infants and families. Participants described the importance of empathy, attunement, and reflective relationships not only with families—but also with colleagues and within teams. This *Culture of Care* reflects more than supportive attitudes—it signals the underlying values and relational structures that enable

or inhibit practitioners' capacity to remain connected to their purpose and the infants they serve.

Ruch et al. (2018) highlight the centrality of relationships in human services—relationships that foster trust, meaning, and connection. This is especially important in child protection, where power differentials are heightened. The practitioner's ability to connect with an infant depends on the relational and emotional culture around them. As Thomson-Salo (2018) described, the connection with an infant often occurs in what is unspoken and intuitive, requiring a relational culture that supports attunement and presence. Harrison and Tronick's (2022) idea of the "third space" further reflects the complex emotional terrain of these interactions, especially under the weight of judgement or system-driven threat.

Participants described vastly different cultures across statutory, non-government, and community settings. Selma contrasted the relational, community-driven focus of a non-government organisation with the more procedural, compliance-oriented culture of the state system:

[In an NGO] we are much more person-in-environment... provide the optimal context for mum to parent. Whereas in the state systems... What do they need to do to provide a safe environment? *Selma*

Her reflection highlights how an organisation's culture shapes what kind of care is possible. In relational cultures, practitioners can remain curious and present. In more rigid systems, attention shifts away from the infant, and relational work is eclipsed by risk and policy demands.

Esther reflected on the emotional labour involved in child protection and the lack of recognition for this work:

The problem of being a practitioner is most of the time you don't get recognised for what you do. Or it's too far in time... you're not allowed to see [the outcome]. *Esther*

Her comment draws attention to the emotional cost of working in systems that do not reflect back the meaning of the work. When outcomes are distant or unseen, practitioners may feel disconnected from the impact of their efforts, underscoring the need for organisations to build cultures that affirm the long-term, relational nature of infant-focused care.

6.4.1 Relational Ways of Being: First Nations Perspectives on Care

Participants also spoke to the importance of culturally grounded care, especially from First Nations perspectives. Three participants identified as Aboriginal, and their insights added depth to the understanding of care, community, and connection. SBW reflected on how cultural wisdom shapes her practice:

You can share relatable experiences, or you can definitely share wisdom that's been handed down from your Elders... that information and knowledge has been shared down from Elders. *SBW*

She later expanded this to describe the layered responsibilities she carries in the absence of male Elders:

You are the human resource, like the cultural resource... sometimes you need to pick up the responsibility. *SBW*

SBW's reflections underscore that for First Nations practitioners, care is not just professional—it is personal, cultural, and communal. Kinship, cultural leadership, and relational accountability shape how infants are cared for and how practitioners care.

Lara, another First Nations practitioner, reflected on the ongoing legacy of control and punitive policy in systems today:

[Now] they just call it something different... Before, it was anyone who was half-caste. In this day and age... they said, 'Well, if you don't go to school, child safety will cut your payments'. Such a lie. *Lara*

Her observation critiques the superficial rebranding of systems that remain rooted in control, coercion, and colonial logic. Lara later shared a vision of what genuine support would look like:

In a safe space, everyone will be working together like a little village... There was a responsibility to your people, to the community, to your land. That's not just Aboriginal. That's all cultures. *Lara*

This vision reflects Indigenous cultural models of collective care, which contrast with siloed, hierarchical systems. It also aligns with relational, feminist, and trauma-informed theories that centre human connection, shared responsibility, and community resilience (Jordan, 2017; Rogers, 1963; Bloom, 2017).

Lara's final quote distilled what practitioners truly need:

So, what we need as practitioners now is to be supported by our seniors, the policies and the organisation. That's it. Is it cultural awareness? Or is it intuitive awareness? Because we're connecting with people. *Lara*

Her words emphasise the importance of deep relational practice that moves beyond surface-level cultural training into relational, intuitive, and human connection. This perspective calls for organisations to create cultures that support practitioners in what they do and who they are—relational beings working within systems of power, pain, and possibility.

The organisational culture described by participants reflects both nurturing and constraining elements. However, beyond the visible practices of care, a more diffuse emotional climate—a “systemic state of mind”—shapes how practitioners feel, relate, and sustain their work. The following theme explores how this climate impacts practitioner vulnerability and the quality of care offered to infants and families.

6.5 Systemic State of Mind

Organisational Climate and Practitioner Vulnerability

This section explores the *Systemic State of Mind* concept—the collective mindset and emotional climate of child protection organisations—and how these conditions shape practitioner wellbeing and practice. Understanding these systemic patterns is essential to addressing the research question: *What does the practitioner need to increase the capacity of the child protection system to better respond to the needs of infants?*

Sandra captured this tension when reflecting on how structural demands limit relational work:

[Practitioners] are not really meaningfully being present with what [their] intervention is for a family... But it's systematic at the end of the day, I think it happens because of systematic factors. *Sandra*

Her reflection points to a systemic culture that discourages relational depth and attentiveness, placing practitioners in a state of emotional disconnection, despite their intention to offer care.

While organisations cannot literally possess a “state of mind,” they do exhibit collective behaviours, attitudes, and emotional climates that mirror psychological states. These climates are shaped by leadership, policy, history, and culture (Hinshelwood, 2023;

Stein, 2021). When organisations become reactive, rigid, or defensive, they can foster an environment that echoes distress rather than diffuses it.

6.5.1 The Vulnerability Parallel

This section introduces the concept of the *vulnerability parallel*—a term used here to describe the mirrored emotional and systemic experiences between practitioners and the infants and families they support. Several participants and theorists described how stress, powerlessness, and emotional suppression ripple through systems in ways that reproduce rather than relieve distress.

Kahn (2023) and Williams Kapten (2020) describe parallel processes in organisations, where the way practitioners are treated mirrors the way they, in turn, engage with families. Ruch (2018) further suggests that stress and vulnerability are often embodied and carried across relational layers, especially in high-stakes, risk-averse environments.

Mary described this dynamic in her work with adult services:

There was a bit of a parallel process... [Adult services] were doing things that were detrimental to [the mother's] wellbeing and her recovery. *Mary*

Her insight points to systemic fragmentation and a lack of shared perspective across services—dynamics that often leave practitioners powerless to act meaningfully or protectively. This sense of disposability was echoed later in Mary's reflections:

I kind of felt very disposable... once my PowerPoint notes were in that folder, I was completely disposable. So that didn't feel good. *Mary*

These insights illustrate how practitioners internalise a culture that prioritises documentation over relational knowing. Organisational research supports this: when emotional labour is unacknowledged and reflective spaces are absent, staff wellbeing declines and turnover increases (Russ et al., 2020; Park & Pierce, 2020).

Alan drew a compelling analogy between parenting under scrutiny and practising under managerialism:

Young parents learn quickly... Everyone gives advice, and I'm going to decide when I do have it right or wrong. You just get judged and told what to do. I think that's quite similar to what's playing out in the workplace. *Alan*

This comment reflects how organisational judgement and prescriptive expectations can erode autonomy and connection, mirroring how parents feel scrutinised and constrained.

Kahn (2022) and Lonne & Parton (2014) have illustrated how organisational cultures of criticism, blame, and risk-defensiveness ripple outward, leading to emotional suppression and withdrawal. As illustrated in Kahn's (2022) model (see Appendix 7), overlapping systemic dynamics can result in practitioner distress mirroring that of the families they support, reinforcing feedback loops of relational disconnection.

Susan used the metaphor of being "made of Teflon" to describe emotional distancing in practice:

[Some team leaders are] described as made of Teflon... you get those surface discussions, surface thoughts, surface actions. So, everything else just swipes off. *Susan*

This highlights a protective strategy practitioners adopt—perhaps necessary to survive emotionally, but one that can ultimately limit depth, empathy, and effectiveness. The "shadow of vulnerability" (Dore et al., 2024) captures how practitioners' histories, emotions, and anxieties are often unspoken but active in their work. Without support, these shadows can become burdens.

Sandra offered a powerful closing reflection:

How do the practitioners and the team leaders manage to stay in a role that can be toxic to the system? How do they embody the experience of being present to the self and the client, navigating vulnerability...? *Sandra*

Her words underscore the emotional and ethical balancing act of child protection work, where practitioners must remain present to trauma and complexity while maintaining their own sense of purpose and humanity.

Recent literature affirms that relational skills such as attunement, emotional communication, and reflective self-awareness are essential for engaging with families and managing the role's emotional labour (Howe, 2018; Trevithick, 2018). Practitioners must develop resilience not through detachment, but through supported, reflective engagement.

This section affirms that the child protection system cannot effectively respond to infants unless it creates cultures that acknowledge and support practitioners' vulnerability.

When the system models containment, presence, and relational support, practitioners are better equipped to mirror those qualities in their work with infants and families.

Where the systemic state of mind affects relational depth and practitioner wellbeing, the broader systems of care dictate how decisions are made, who holds power, and what forms of knowledge are valued. The final theme turns to these structural and political forces—risk frameworks, organisational inertia, and the politics of child protection—and their impact on the possibility of infant-led, relational practice.

6.6 Systems of Care

Risk, Politics, and Organisational Complexity

This final theme explores how child protection systems' broader structures and logics—particularly risk-averse practices, political pressures, and bureaucratic processes—affect practitioners' ability to engage meaningfully with infants and families. These structural systems of care shape service delivery and the emotional and ethical space in which practitioners operate.

Participants consistently described the ways in which managerialism, performance metrics, and institutional risk logics can obstruct responsive, relational practice. The organisational system, while intended to safeguard, often drives cautious, compliance-focused approaches that can miss the specific and nuanced needs of infants.

Selma offered a stark assessment:

The problem is that the entire system and structure are inherently broken... It's gonna be more inquiries, more reviews, and in many respects, the whole thing needs to be thrown out... because of the politics of child protection. *Selma*

Her observation reflects a growing concern in the literature: that systemic reform efforts rarely address the core emotional and relational needs of families or practitioners (Parton, 2017; Featherstone et al., 2019). While policy frameworks shift and accumulate, their implementation on the ground is constrained by chronic under-resourcing, high turnover, and organisational cultures that discourage dissent or innovation.

Risk-averse practices, while designed to protect, often narrow practitioners' field of vision. As Selma noted:

There's a strengthening of the risk framework... more streamlined procedures and policies. But to me, my experience is that it's cherry-picking... using evidence to support the original assessment and plan anyway. *Selma*

This retrospective justification points to the limits of evidence-based practice when deployed to confirm rather than question assumptions. Helm (2016) and Forslund et al. (2022) similarly caution against systems that suppress professional judgment in favour of defensible decision-making.

Alan offered a complementary reflection:

What is really hard to rely on is the practitioner's knowledge of child development... identifying if there are any flags of abuse or neglect. *Alan*

This underscores the need for more robust training and developmental expertise in child protection, especially when working with infants. Practitioners often lack confidence and systemic support to interpret early signs of distress or disruption. This gap is compounded by legal and organisational frameworks that may prioritise documentation over deep relational knowledge (White et al., 2019; Osofsky et al., 2024).

The politics of care also play out in everyday practice. Selma described how organisational culture penalises carers and practitioners who advocate for the infant's best interests:

You will get punished for it... You're not 'working effectively as a member of the team'... You've over-identified... So, then you can spend the whole time thinking we're not that. But the more you say, the more it looks like [you are]. *Selma*

This illustrates how systems that claim to value advocacy and attachment can undermine those who practice them. Advocacy is reinterpreted as a threat to professional neutrality, especially when it disrupts organisational groupthink (Lynøe et al., 2019; McCafferty, 2020).

Selma's example of multiple caseworker transitions also illustrates a common issue:

Obviously, the 20th caseworker later... Nobody ever reads the files, and you've got groupthink going on. *Selma*

This level of fragmentation reflects systemic failings in record-keeping, relationship continuity, and knowledge transmission. It contributes to practitioner burnout and inconsistent decision-making, ultimately compromising the quality of care.

As Selma's comments make clear, the cumulative effect of these issues is that infants' relational needs are often sidelined in favour of procedural consistency or organisational self-protection. Mary echoed this:

Many of the clinicians have allowed [IMH programs] to happen... But I think they're still posturing... So, let's move forward with that, let's be progressive, let's be leading the way. *Mary*

Her call to action is grounded in the recognition that we know enough to do better—that the knowledge base for infant mental health exists—but system change is slow and often symbolic.

A truly infant-led system must centre relationships, attunement, and vulnerability—not just as values but also in policy, structure, and practice. Organisational culture must support practitioners in being emotionally present, reflective, and responsive. Without this, the child protection system risks reproducing the conditions of disconnection and disregard it seeks to prevent.

As research affirms (Zeanah & Dozier, 2021; Katz et al., 2022), the wellbeing of infants is deeply interwoven with the stability and emotional availability of the adults who care for them, including carers and practitioners. Ensuring practitioners are supported through reflective supervision, relational leadership, and manageable workloads is not peripheral to child protection—it is foundational. The culture and climate of the organisation are not background factors; they are the conditions in which care either thrives or fails.

6.7 Chapter Conclusion

This chapter explored the organisational landscape of child protection and examined what practitioners say is needed to improve the system's capacity to respond to the needs of infants. Across the themes of care, culture, systemic climate, and political complexity, a central message emerged: the wellbeing of infants is deeply linked to the relational, emotional, and structural conditions in which practitioners work.

One of the greatest challenges is ensuring the presence of nonverbal infants is not lost within systems driven by risk management, policy compliance, and workload demands. Practitioners must be supported in considering the infant, not as a category or data point,

but as a subject with needs, communication, and meaning. This requires more than practitioner skill or goodwill; it requires an organisational culture that itself models attunement, responsiveness, and care.

The findings highlighted that when organisations commit to ‘holding’ the practitioner in mind—through relational supervision, reflective spaces, and supportive leadership—practitioners can hold infants in mind in turn. Conversely, when practitioners experience emotional disconnection, disposability, or organisational defensiveness, the infant’s needs are more easily obscured or deprioritised.

As the thesis moves into the discussion chapter, the intersection of infant experience, practitioner wellbeing, and organisational capacity will be explored in greater depth. The insights from this chapter point not only to systemic challenges but also to opportunities for meaningful change. Ultimately, enhancing the responsiveness of child protection systems to infants means recognising that care must move in multiple directions—to the infant, the family, the practitioner, and the system itself.

Chapter Seven: Discussion

Advancing an Infant-Led Approach to Embodied Practice

The infant can't lie – Esther

7.1 Chapter Overview

This chapter synthesises the central themes of this research, drawing together the insights that have emerged about how practitioners understand and respond to infants in the complex and contested space of child protection. Grounded in a feminist relational and infant-led methodology, the discussion articulates how practitioners hold infants in mind and how emotional, relational, and systemic forces shape practice.

Motivated by gaps I observed in frontline practice across child protection and child and youth mental health contexts, this study was designed to illuminate practitioners' embodied and relational knowledge when working with infants. Through interviews with 15 practitioners from various child protection settings, the data revealed nuanced and complex understandings of care, vulnerability, and ethical responsibility.

The central research question guiding the study was:

How does the practitioner understand their relationship with the infant in out-of-home care?

In addition, four sub-questions framed the exploration:

1. How do practitioners understand their roles, practice skills, and knowledge within the organisation, and how does this shape their relationships with the infants in their care?
2. What are the experiences of practitioners within their organisational and systemic contexts, and how do these influence their work with infants?
3. What organisational changes would be necessary to enhance practitioners' experiences and strengthen their ability to effectively respond to the needs of infants?
4. What concepts and themes emerge from practitioners' narratives that could contribute to a theory of infant-led practice in child protection?

This chapter draws together the findings from the previous chapters, integrating insights from Chapters 4, 5, and 6 to generate a holistic understanding of infant-led practice. It highlights both the possibilities and constraints practitioners encounter and presents recommendations for practice and policy grounded in a feminist ethic of care.

7.2 Summary of the Findings Chapters

7.2.1 Chapter Four – The Infant

Exploring How the Infant Is Held in Mind by Practitioners

Chapter Four presented the first overarching theme of this study: the infant. Through close, iterative engagement with the data, four subthemes were developed that explored how practitioners perceive and engage with infants in their work:

1. *Seeing the infant*: what is seen, unseen, or not seen;
2. *Hearing the infant*: being present to listen;
3. *Experiencing the infant*: embodying the vulnerability of seeing and hearing;
4. *Responding to the infant*: how practitioners and organisations respond to what is seen and heard.

These subthemes highlight how practitioners strive to maintain the infant in mind amidst competing organisational demands and professional expectations. The findings revealed the complexity of seeing, hearing, and responding to infants in practice and highlighted the embodied, relational labour involved. Practitioners identified the need for environments that support infant-led practice, where infants are not merely observed but engaged with as communicative and relational subjects. However, achieving such practice requires organisations that enable but prioritise relational, ethical ways of working.

7.2.2 Chapter Five – The Practitioner

The Practitioner's Organisational Context and Their Practice with Infants

The second core theme, explored in Chapter Five, focused on the practitioner. The data revealed how practitioners navigate their identities, ethical responsibilities, and relational experiences within organisational systems. Subthemes included:

1. *Holding the Infant in Practice*: Relational Ethics, Trauma, and Embodied Experience;

2. *Becoming a Practitioner: Identity, Reflection, and Reworking Attachment;*
3. *Feeling Held or Defended at Work: Supervision, Mentorship, and Emotional Climate;*
4. *Integrity in the System: Moral Dissonance, Organisational Culture, and Ghosts at Work.*

Practitioners described their work's emotional and ethical intensity, the difficulty of maintaining professional integrity, and their often ambiguous position within these systems. Several participants reflected on their embodied responses to practice, revealing how trauma, ethics, and care are lived experiences. Although they were inconsistently available, supervision and relational containment emerged as critical supports. One participant described the phenomenon of 'blind social working,' which, alongside 'blinker practice,' captured the disconnection practitioners can experience from their own values and the infants they work with. These findings underscore the need for organisational cultures that enable reflective, relational practice and support the practitioner in holding the infant in mind.

7.2.3 Chapter Six – The Organisation

Increasing the Organisation's Capacity to Respond to Infants

The third theme, presented in Chapter Six, centred on the organisation. This chapter examined the systems and structures influencing practitioners' ability to respond to infants, highlighting limitations and opportunities. Subthemes included:

1. *Who Holds the Helper? Care and Professional Identity in Child Protection;*
2. *A Culture of Care: Relational and Cultural Ways of Being in Child Protection;*
3. *Systemic State of Mind: Organisational Climate and Practitioner Vulnerability;*
4. *Systems of Care: Risk, Politics, and Organisational Complexity.*

Practitioners described the organisation as both a potential site of care and a source of disconnection. A key insight was the parallel process – the extent to which organisations mirror the dynamics they seek to address, including the marginalisation of infants and the silencing of practitioner voices. Participants highlighted how risk-averse policies, political pressures, and bureaucratic demands undermine relational practice and ethical responsiveness. The findings suggest that to support infant-led work truly, organisations must attend to the conditions that enable practitioners to think, feel, and act relationally.

7.3 Discussion Introduction

Practitioners working with children consistently report challenges in listening to and representing children's voices in assessments and decision-making processes (Ferguson, 2016, 2017, 2018). These difficulties are compounded when working with infants, who are rarely seen as individuals with needs, intentions, and perspectives (Bunston et al., 2021). This research affirmed how organisational practices and policies often limit, rather than support, practitioners' capacity to hold the infant in mind.

The Latin origin of the word 'infant' – *infans*, meaning 'unable to speak' – highlights the core dilemma in infant mental health and protection work (Price & Ellis, 2020). It is challenging for practitioners to centre the social and emotional wellbeing of infants who cannot verbalise their experiences, so their needs are often deprioritised or overlooked (Bunston et al., 2021).

The findings also highlight that many practitioners feel unheard, unsupported, and subjected to conflict in their organisational roles. The infant cannot be seen and heard without the embodied, relational presence of the practitioner. Similarly, the practitioner cannot be seen and heard without being held in mind by the organisation (Geller & Greenberg, 2023). This parallel is echoed in developmental literature, which posits that the infant is not held in mind by a primary caregiver who has not themselves been held in mind (Siegel, 2016, 2020). These intergenerational disruptions within families and institutions help us understand how relational failures become entrenched and how they may be reproduced in organisational cultures.

This research highlights the practitioner's struggle to support infants when they themselves lack consistent support and recognition. These tensions point to a critical opportunity: to interrupt intergenerational trauma, reduce the number of newborns entering out-of-home care (OOHC), and address the entrenched overrepresentation of Aboriginal and Torres Strait Islander children in OOHC (AIHW, 2023). Beyond the economic cost of these failures, there is a moral imperative to centre relational care, empathy, and emotional intelligence for infants and those working with them (Bloom, 2017; Middleton et al., 2019; Geller & Greenberg, 2023).

Recent scholarship has mapped the impact of neoliberal managerialism on social work practice, especially in child protection (Hendrix et al., 2021; Morley & O'Bree, 2021). Practitioners describe powerlessness in risk-averse, fast-paced environments where compliance-based tasks are prioritised over relational engagement (Hunt et al., 2016; Ruch et al., 2020). This systemic risk management prioritisation limits opportunities to 'do well' with families and infants. The complexity of these environments impedes practitioners' capacity to engage meaningfully, ethically, and relationally.

This chapter brings together the findings from Chapters Four, Five, and Six to interpret how practitioners understand, relate to, and advocate for infants in child protection contexts. It explores how systems, relationships, and institutional cultures shape—and often constrain—the practitioner's ability to centre the infant. Four key research questions guide the analysis:

1. What is the practitioner's understanding of their role, practice skills, knowledge within the organisation, and relationship with the infant(s) with whom they work?
2. What is the experience of practitioners in the context of their organisation and the child protection system, and does this influence their practice with infants?
3. What organisational changes are needed to enhance practitioners' experiences and improve their capacity to address infants' needs effectively?
4. What are the concepts and themes embedded in practitioners' accounts that will provide a useful theory for infant-led child protection practice?

7.4 Privileging the Infant's Voice

An Infant-Led Lens for Understanding Practice

I always like to think that I'm very child-focused in my practice. So, I always hoped [I am] seeing it from the child's perspective. Whether I'm putting a voice to it. No, I don't think I ever have done. *Joy*

This research prioritises the voices of infants by centring practitioners' reflections on how they perceive and respond to infants in their daily work. Although infants were not directly interviewed, they are positioned as active relational subjects throughout—held in mind, observed, imagined, and interpreted through the actions and insights of those who work most closely with them.

Participants were invited to reflect on relational presence and their felt-sense of the infant through questions such as:

- “When you walk into a room and first meet the family, do you introduce yourself to the infant?”
- “Have you ever wondered what the infant might be trying to tell you?”
- “Do you use what you observe in supervision, case notes, or decision-making?”

The findings show that while many practitioners hope to advocate for the infant’s experience, they often feel unsupported or unable to voice it fully. Barriers to infant-led practice include organisational pressures, discursive limitations, and a lack of reflective space to understand what the infant might be communicating.

This section draws together themes from the findings chapters to explore:

- how infants are seen, heard, and held in mind;
- how practitioners experience their roles and relational tensions; and
- how systems either support or silence infant-led thinking.

7.5 Framing the Discussion: A Feminist Relational Analysis

This section builds on the infant-led foundation by interpreting the findings using a feminist relational theoretical lens. Feminist relational theory (FRT) centres emotional attunement, relational depth, power dynamics, and embodied experience, particularly in care relationships (Miller, 2022).

Through this lens, practitioner experiences are understood not simply as professional challenges, but as relational and ethical dilemmas shaped by institutional norms and systemic constraints. The data reveal how disconnection, risk logic, moral dissonance, and emotional labour manifest across interactions between infants, practitioners, and organisations.

FRT also supports a critical view of how care is performed, constrained, or made possible in context, inviting a reading of practice as politically and emotionally situated. It helps surface the relational ruptures within systems that prioritise compliance over care and policy over presence.

The feminist relational and infant-led lenses allow a deeper interrogation of how practitioners are positioned in systems that often mute their capacity for ethical, attuned, embodied practice. They also point to what is needed for a more humanising and infant-centred approach.

7.6 Holding and Being Held: Relational Embodiment in the System

We know that [the baby] is embodying the trauma, imagine that baby in the cot, the fear of learning to respond to that stuff is not spoken about in that way; I think the embodiment of the embodiment of their experience is very important.

Sandra

This section draws on a feminist relational lens to explore how the embodied experiences of infants and practitioners are shaped—and often constrained—by the systems in which they are embedded. Feminist relational theory foregrounds care, connection, vulnerability, and power as co-constituted through relationships within institutional structures. When applied to child protection practice, this lens draws attention to how infants' and practitioners' bodies and emotions are positioned, responded to, and regulated within complex systems.

Practitioners' accounts, such as Sandra's, reveal the emotional labour and bodily attunement required to remain present to infants in child protection. However, they also highlight how this relational work unfolds within cultures that often deprioritise care in favour of compliance. Organisational dynamics shape the conditions under which connection is made or lost.

Many participants described emotionally disconnected systems, where reflective space and relational presence were sacrificed for efficiency and control. Jace questioned whether organisations genuinely cared about their staff or were merely managing them. Participants suggested that this managerial logic diminishes the relational dimensions of practice and contributes to practitioner burnout.

Feminist relational theory helps name these dynamics. It acknowledges how gendered expectations, particularly around caregiving, shape both who does the emotional work and how it is valued—or not. Female practitioners often described being expected to hold families, infants, and teams, while their needs were unacknowledged. This mirrors how

mothers are held disproportionately responsible in cases of family violence (Wendt & Moulding, 2017), even when they are victims themselves.

Within this framework, practitioners also spoke about feeling objectified—not only by families but by their organisations. They described being used for their function, rather than being recognised as full, feeling people. This dual position—of being both a bridge for connection and a tool of the system—captures the relational and emotional ambiguity of their roles.

A more helpful framing comes through the lens of intersubjectivity: the shared, embodied space where two subjectivities—such as practitioner and infant—meet (Fonagy & Luyten, 2018). When organisations make little room for relational work, that intersubjective space can collapse. Instead of two minds and bodies connecting, only the task remains.

This was evident in how practitioners approached being with infants. Some, particularly those newer to the field, expressed uncertainty about how to connect. They wanted to do right by the infant but were unsure what attunement looked like in practice—or whether it would be supported.

Feminist relational theory and infant mental health literature suggest that attunement is cognitive and embodied. It means noticing a baby's flinch, mirroring their affect, responding softly, and staying present even in distress (Thomson-Salo, 2018; Shai et al., 2022). This is not just a clinical skill but an ethical practice of presence.

However, many practitioners described systems that made such presence difficult to sustain. They worked within risk-averse, compliance-focused organisations where reflective space was limited, emotional safety was compromised, and relational priorities were considered inefficient or indulgent. These organisational cultures left practitioners feeling disembodied in their work, unable to bring their full selves to the task of caring.

This mirrors what Bloom (2017) calls the parallel process, where systems reproduce the trauma they seek to address. When practitioners are unsupported, unseen, and overburdened, they may struggle to stay emotionally available to infants who are themselves navigating trauma and loss.

Still, moments of relational clarity emerged. Some practitioners described feeling something shift—when they paused, made eye contact with an infant, or noticed how their

body responded in a moment of connection. These were not just techniques but acts of care. They created space for intersubjectivity, even in constrained environments.

Feminist relational theory reminds us that relational practice is political. It requires organisations to value emotional labour, protect reflective space, and recognise the practitioner as a tool and a person. It also requires systems to see the infant not just as a subject of assessment but as a relational being whose healing begins in connection. When both practitioner and infant are held in mind, the possibility of transforming both systems and relationships becomes real.

7.7 Protection as Relationship: Holding, Risk, and Power

From a Feminist Relational perspective, discourse plays a powerful role in shaping the possibilities for connection, care, and ethical action in child protection. Language is never neutral—it constructs meaning, legitimises certain practices, and silences others. This chapter examines how dominant narratives in child protection shape the perception and response to infants, caregivers, and practitioners, often in ways that obscure the relational and embodied dimensions of practice.

Narratives of risk, blame, and surveillance shape the prevailing discourses within statutory child protection. These narratives are present in policy and legislation and embedded in the everyday language of practice—what constitutes evidence, how parenting is assessed, and who is perceived as trustworthy or ‘good enough’. Feminist relational theory invites us to critically examine these discourses, particularly how they are shaped by power, gender, race, and institutional norms.

For example, practitioners in this study shared experiences of feeling caught between knowing what an infant needs and what the system allows. The attachment discourse, while potentially offering a powerful frame for understanding infant needs, is often applied in reductive ways that pathologise mothers, especially those already marginalised by poverty, racialised assumptions, or exposure to family violence (Oates, 2022; Wild, 2023). Instead of supporting relational repair, such discourses can become tools of blame, reinforcing gendered expectations and overlooking structural harm.

Organisational language also holds power. As Ross (2023) argues, cultures of silence and reputational risk within organisations can make it dangerous for practitioners to speak

about what they feel or observe. This creates a discursive environment where emotional knowledge and relational insight are devalued in favour of compliance, objectivity, and professional detachment. Feminist relational theory challenges this by asserting the importance of emotional expression, intersubjective connection, and reflexivity as sources of ethical and professional strength, not liabilities.

In this research, many participants described discursive tensions in their workplaces—between what they knew relationally and what they were expected to perform organisationally. They spoke about using certain language to ‘fit’ with expectations, while internally feeling a dissonance between their values and the discourse imposed upon them. This is what Bloom (2017) refers to as the moral strain within systems that ask for relational care but reward managerialism and containment.

Further, participants described how discourses about infants themselves were often limited to developmental milestones or risk indicators. Rarely were infants positioned as relational agents or meaning-makers in their own right. Feminist relational theory demands that we expand this discursive space to make room for the infant’s voice—not only through their verbal or behavioural cues but through the interpretations and reflections of those attuned to their needs.

By surfacing and challenging these dominant narratives, this chapter argues for developing new discursive spaces that support relational accountability, honour complexity, and centre both practitioner and infant subjectivity. Such shifts are necessary to create ethical systems that do more than manage—they must nurture, connect, and respond with care.

7.7.1 Politics of Protection

This research highlighted a recurring theme: practitioners often feel disempowered when faced with decision-making and outcomes for their clients. As seen in Chapter Five, participants shared examples where preventative or early intervention supports were not enacted, despite families being known to services. Infants were removed at birth, with courts directing care arrangements, and practitioners were left grappling with a lack of agency, often belittled for attempting to use the language of statutory processes, only to be dismissed as unqualified or ill-informed. Practitioners reported being burdened by

administrative tasks and policy compliance—'hoop jumping and form filling'—while also bearing witness to the distress of carers and families deeply affected by child removal.

From a feminist relational theoretical (FRT) lens, these findings point to systemic power imbalances where practitioners, often women, are structurally disempowered in emotionally demanding roles. Bloom (2017) describes how human service organisations, under pressure from austerity measures, regulation, and risk-averse climates, develop cultures that undermine relational care. In Australia, Russ et al. (2020) question the effectiveness of current child protection practices' effectiveness, identifying a persistent policy and service delivery crisis. Feminist theorists have long emphasised that caregiving systems must be attuned to the lived realities and embodied experiences of those who work within them (Miller, 2022).

Venables et al. (2023) argue that child welfare policymaking is frequently politically driven and disconnected from the voices of children, families, and practitioners. Bloom (2017) contends that change in caregiving institutions must be grounded in empowering those within the system. She says that top-down control may be suitable for machines, but not for people. Instead, organisations must be designed to minimise harm and promote environments that value practitioner wellbeing.

Parton (2020) further critiques the evolution of child protection as a system that has taken on a life of its own—disconnected from its social justice roots and shaped by political, cultural, and historical forces. He reminds us that child maltreatment is a social problem, requiring social—not purely legal or bureaucratic—solutions. A feminist relational lens adds that such solutions must centre care, connection, and equity across all relationships within the system.

Practitioners in this study described internal organisational dynamics marked by power struggles and emotionally unsafe environments. One participant recounted a manager projecting anxiety onto their team, fostering a toxic culture. Lawrence and Buchanan (2017) describe this as a tension between institutional control and institutional agency—the push and pull between organisational expectations and practitioners' efforts to maintain ethical and responsive practice. Under pressure, practitioners may seek to reclaim control within peer dynamics, sometimes at the cost of relational safety and solidarity.

Kahn (2019, 2022) describes how child protection practitioners absorb the emotional pain of families in distress, leading to a 'toxic load'—a form of embodied emotional strain that may evolve into compassion fatigue. When managers prioritise policy compliance over team support, this emotional burden grows heavier. Feminist relational theory highlights that care cannot flourish where practitioners are unsupported and unheard. Without organisational cultures that promote reflective supervision, relational safety, and shared responsibility, practitioners may internalise systemic stress, impacting their capacity for connection and attunement.

Numerous research critiques (Lonne et al., 2016; Ferguson et al., 2021; Morely et al., 2023) have identified key issues, including ineffective interventions, poor service quality, risk-averse cultures, and inadequate prevention strategies. Cultural bias, under-resourcing, and overemphasising statutory response compound these issues. Baker et al. (2019) and Cavalca et al. (2022) raise concerns about the cost of OOHC and the ethical implications of prioritising budgetary compliance over child welfare.

While the safety of children remains a shared goal, current risk-focused strategies often perpetuate punitive responses. This alienates families and renders infants invisible in decision-making processes (Keddell, 2017). In Queensland, legislation upholds a commitment to human rights, yet the findings challenge whether statutory practice consistently aligns with this intent (DCSSDS, 2024b).

Chapter Six highlighted a critical divergence in practice paradigms: the statutory focus on legalism and protection versus the relational, therapeutic emphasis in family support. These contrasting approaches affect how practitioners see and respond to infants. Modderman et al. (2021) remind us that colonialist legacies still shape disadvantage and exclusion in contemporary systems, particularly for Aboriginal and Torres Strait Islander families. Hughes (2022) notes the lasting influence of organisational figures and the challenge for practitioners to resist conforming to harmful institutional norms.

The findings also highlight the dangers of groupthink, where unquestioned norms, moral righteousness, and internal pressures can limit reflective thinking (Lynoe et al., 2019). McCafferty (2022) notes how organisational loyalty often trumps critical engagement with theory or relational knowledge. Feminist relational theory encourages us to confront this by

fostering critical and reflective cultures that make space for diverse knowledge systems and lived experiences.

Shared assumptions, emotions, and power relations shape organisational culture. It can either support or stifle relational practice. Literature describes statutory child protection systems as toxic (Kahn, 2022), marked by instability, underfunding, and resistance to change (Oates, 2019). Ross (2023) argues that hierarchies of violence exist within organisational life, silencing practitioners and reinforcing inequities. In such contexts, practitioners often operate in closed systems where loyalty, conformity, and fear suppress dissent (Ross, 2023). Reflective supervision—a key relational resource—remains difficult to access, as identified by both participants and the literature (Barron et al., 2022; Beddoe et al., 2022; Egan et al., 2017).

From a feminist relational perspective, this section highlights how organisational discourses—shaped by political, cultural, and structural power—affect practitioners' ability to work relationally with infants and families. It calls for transformative change rooted in ethics of care, relational safety, and structural justice.

7.7.2 The Role of the Practitioner

The findings from Chapter Five raised significant concerns about how theory is translated into practice, with particular emphasis on the dominance and distortion of attachment discourse within statutory child protection. While attachment theory is not the only framework in circulation, it emerged in this study as a dominant narrative used to make sense of infant-caregiver relationships. However, attachment language was more discursive than relational for many practitioners, often employed to meet institutional expectations rather than guide nuanced, child-centred practice.

From a feminist relational perspective, this tension is not surprising. In its original formulation, attachment theory foregrounds the early bond between an infant and their primary caregiver—most often the mother—as foundational to mental health and relational capacity across the lifespan (Bowlby, 1980, 1997; Zeanah & Dozier, 2021). However, the theory has since been critiqued for reinforcing gendered expectations and ignoring structural conditions such as poverty, racism, and social violence (Buchanan, 2017; White et al., 2019). When applied without reflexivity, attachment theory risks becoming a tool of

surveillance rather than support—used to pathologise mothers, particularly those who are already marginalised, rather than to advocate for relational repair and systemic change.

The "good enough" parent concept, first introduced by Winnicott (1957), encourages a compassionate and realistic approach to caregiving. However, in the context of statutory systems, this idea becomes distorted. Reeves (2018) provocatively asks whether the state can ever be a "good enough" parent, noting that social workers are often placed in the untenable position of acting on behalf of a metaphorical single-parent state—simultaneously expected to care and control, to connect and comply. The findings echo this strain, with participants describing a sense of being left 'holding the baby'—literally and figuratively—within a system that fails to hold them in return.

As discussed by Shoesmith (2016), the Baby Peter case offers a striking example of what happens when systemic failure is met with institutional defensiveness rather than relational accountability. Sharon Shoesmith, then Director of Children's Services, was publicly scapegoated—facing intense political and media condemnation, death threats, and professional vilification. Rather than acknowledging complexity and investing in practitioner support, public and political narratives turned to blame. The impact of this case reverberated across the profession, contributing to a culture of fear, risk aversion, and procedural defensiveness. This resonates with participants' experiences of being held responsible for outcomes they could not influence, within a policy environment shaped more by reputational risk than by ethics of care.

A feminist relational lens highlights how attachment discourse becomes a blunt instrument when detached from its context. It can obscure the practitioner's relational insights and emotional labour, positioning them instead as bureaucratic agents of risk assessment. However, as Ash and Grey (2022) argue, attachment theory has the potential not only to understand infant needs but also to explore the emotional terrain of practitioner-client relationships. When used critically, it can reveal how structural power and personal histories intersect in practice, offering deeper insight into connection and rupture.

In this study, participants described how attachment language was often required—spoken to 'tick a box'—but not supported with reflective spaces or specialist knowledge. This points to a troubling slippage between theory and discourse, where language loses its

grounding in lived relationship. Feminist relational theory urges us to reclaim this ground: to hold space for complexity, to resist reductive frames, and to remember that 'good enough' is not a metric of compliance, but a relational ethic rooted in care, humility, and connection.

This slippage between ethical intention and systemic response reflects a broader dynamic in child protection: practitioners are often asked to bear the emotional and ethical weight of decisions made within systems that fail to support them.

7.7.3 Holding Mothers and Infants in the System

Containment, Loss and Relational Knowing

This research illuminated how practitioners across child protection systems frequently experience a profound sense of responsibility in the absence of genuine power. Participants spoke of being dismissed, marginalised, or held accountable in ways that were structurally unfair—particularly when adverse outcomes occurred, including the death or serious harm of infants in their care. As one case in Queensland revealed, a practitioner publicly shared that a high caseload directly impacted her capacity to prevent the death of two babies (McKenna, 2023). These stories are not isolated—they reflect a broader pattern in which individual practitioners are scapegoated under political and public pressure, shouldering emotional burdens that arise from systemic failure.

Keddell et al. (2022) describe how media outrage, amplified by political figures, often triggers defensive reforms—changes motivated more by reputational risk than a commitment to relational or systemic improvement. These reactionary cycles create a circular narrative of blame that obscures structural issues, deflects responsibility from under-resourced systems, and silences those closest to the work. Parton (2017, 2020) reminds us that this perpetual state of crisis response entrenches risk-averse, managerialist cultures, further distancing practice from its relational, ethical core.

From a feminist relational perspective, this dynamic reinforces system-driven approaches that marginalise infant-, family-, and practitioner-led working methods. It isolates responsibility at the individual level while overlooking the systemic failures that constrain practice, particularly for women working in emotionally demanding and undervalued roles.

The emotional labour carried by practitioners exists in parallel with the profound and often invisible grief of the mothers whose infants are removed. Feminist relational theory asks us to pause and consider: Whose emotions are we holding, and whose are being silenced? Both practitioners and mothers navigate systems that often fail to see, hear, or support them. The following section shifts focus to the embodied experience of maternal loss—a perspective too often overlooked in policy, practice, and organisational culture.

A ‘Mother’s’ Narrative

Winnicott’s assertion that “there is no such thing as a baby” highlights the foundational truth that infants exist only in relationships—that they rely on others, particularly caregivers, for survival, safety, and emotional co-regulation (Murray, 2018). However, when interpreted narrowly, this statement has historically reinforced the expectation that mothers, alone, are responsible for infant outcomes. Feminist critiques have long challenged this view, calling for shared, supported caregiving while recognising the gendered burdens placed on women, especially those navigating intersecting vulnerabilities.

This research seeks to amplify the often-silenced grief of mothers whose infants are removed at birth. Participants reflected on how these decisions—however justified within risk frameworks—carry enormous emotional and ethical weight. As Marsh et al. (2019) argue, the trauma of removal begins in pregnancy and reverberates long after, often leading to repeat pregnancies in unchanged conditions. The loss is unacknowledged, unresolved, and carried in bodies and relationships, impacting not only mothers but also the infants they lose.

These removals are increasing, despite international evidence that questions their ethical justification and long-term effectiveness (Broadhurst et al., 2018; Mason et al., 2022). While some cases of infant removal are necessary to prevent immediate harm, these decisions also disrupt breastfeeding, attachment, and cultural belonging. In Aboriginal and Torres Strait Islander communities, they continue the intergenerational trauma of forced removal (Dudgeon et al., 2017; O’Donnell et al., 2019). A feminist relational approach demands that we centre these maternal experiences—not only as data points, but as embodied testimonies of loss, resilience, and structural violence.

Just as mothers carry the weight of removal, so too do infants bear the consequences of disrupted care and unacknowledged distress. While preverbal, infants express their needs through embodied cues, emotional resonance, and relational withdrawal or engagement. Their suffering is not silent, but it is often overlooked. To truly centre infant-led practice, we must ask: what does the infant's experience reveal that systems so often fail to notice? What truths might be found in their unspoken stories, their gestures, and their gaze?

The Infant's Narrative

The voices of infants are often absent from policy and practice—not because they are silent, but because adults are not listening. Thomson-Salo (2018) insists that infants must be seen as subjects in their own right—relational agents with the capacity to communicate distress, comfort, and preference. Practitioners in this study expressed frustration at how infants were frequently reduced to risk indicators or developmental markers, rather than recognised as intentional, feeling beings.

Relational attunement begins with recognising the infant's embodied expressions—what Trevarthen and Aitken (2001) call the “intersubjective dance” of early communication. Even when infants cannot choose where to live or name what they need, their distress, calm, curiosity, or withdrawal offer powerful cues. The practitioner's role is not to translate these cues perfectly, but to bear witness to them with care and humility, as Våpenstad and Bakkenget (2021) describe.

The “best interest of the child” is a foundational principle in child protection. However, as Forslund et al. (2022) caution, this discourse is not neutral. It can be used to justify decisions that entrench inequity, especially when influenced by racialised, class-based, or gendered assumptions. Feminist relational theory calls us to interrogate what is considered in a child's “best interest” and who gets to decide. Infants are not passive recipients of care but relational subjects deserving participation in decisions that shape their lives (CRC Committee, 2005; Bunston et al., 2021).

To include infants meaningfully, we must challenge adult-centric paradigms and develop practice approaches that centre the infant's perspective. This means attuning to embodied cues, creating space for practitioners to reflect on what they observe, and

embedding relational knowledge in everyday decision-making. As Beebe (2014) and Terrace et al. (2022) argue, viewing infants as meaning-makers transforms how we see them and understand our responsibilities toward them. Embedding relational knowledge in everyday decision-making. Only then can infants be truly seen, heard, and held within the systems meant to protect them.

Together, these narratives expose the shared vulnerability between infants, mothers, and practitioners—held and too often unheard within complex systems. They call for reimagining of child protection as a relational ecosystem—one where presence, attunement, and voice are recognised and upheld as ethical imperatives. The next section builds on this by examining what supports—or obstructs—relational action in complex systems.

7.8 Heart and Soul in Relational Practice

Feminist relational theory reminds us that care work is not simply a set of tasks to be performed—it is a profoundly embodied, emotional, and ethical experience (Miller, 2022; Gilligan, 1982). Practitioners bring their whole selves into their relationships with infants, families, colleagues, and systems. This includes their histories, cultural identities, values, and emotional responses. The practitioner's self is not fixed or isolated; it is formed and continually reshaped through relational encounters, institutional expectations, and broader systems of power (Jordan, 1997; Lorde, 1984).

This section explores the inner world of the practitioner—not as a private or purely psychological space, but as a relational and political landscape. Many participants in this research described moments of emotional distress, moral unease, and ethical tension when their care for infants came into conflict with system-driven constraints. These were not framed as individual shortcomings, but as signs of relational strain: a mismatch between their commitment to attuned, infant-centred care and the organisational structures that often devalue or obstruct such work (Bloom, 2017; Ross, 2023).

Feminist relational theory views these tensions not as personal weaknesses but as indicators of relational disconnection and ethical distress. The practitioner's sense of self, professional identity, and emotional sustainability are all shaped by how they are seen, heard, and held within their relational networks—including the organisation (Gilligan, 2011;

Jordan, 1997). When supervision is lacking, when emotional safety is compromised, or when dominant cultures prioritise compliance over compassion, practitioners may start feeling disconnected from themselves and the infants they aim to support (Kahn, 2019; Beddoe et al., 2021).

Some participants spoke of being dismissed as “too emotional” or “not professional enough” when advocating for the infant’s needs. Others described a sense of professional meaning when they could deeply connect with an infant, reflect in supervision, or challenge practices misaligned with their values. These accounts illustrate the importance of workplaces that recognise emotional labour, honour complexity, and embrace reflective spaces for ethical practice (Bloom, 2017; Thompson, 2016).

At the heart of feminist relational practice is the belief that presence, curiosity, and attuned responsiveness are essential to ethical care (Gilligan, 1982; Geller & Greenberg, 2023). Practitioners must be supported in tolerating ambiguity, remaining emotionally present, and reflecting meaningfully on their relationships with infants, families, and themselves. These capacities are relationally built and sustained through systems of care, not surveillance systems (Tronto, 1993; Miller, 2022).

This research calls for a renewed commitment to relational ethics—one that sees practitioners not as parts of a bureaucratic machine, but as relational beings whose wellbeing matters. If we ask practitioners to hold infants in mind, we must ensure practitioners themselves are held in mind by their organisations, supervisors, and peers (Geller & Greenberg, 2023; Kahn, 2022). Reflective supervision, emotional containment, and relational accountability are not luxuries in this work—they are necessities.

In this way, tending to the heart and soul of practice is not separate from child protection—it is central to it. When practitioners are supported to remain connected to their own humanity, they are better positioned to recognise and respond to the infant’s humanity. This is the relational circle of care that feminist ethics demands we protect.

7.8.1 Vulnerability in the System

Paralleling or Mirrored Violence

Feminist relational theory foregrounds the interdependence between individuals and systems, recognising how care and harm are reproduced across relational, institutional,

and structural layers (Miller, 2022; Tronto, 1993). The findings from this research echo a persistent theme in critical literature: that child protection systems, particularly statutory ones, often mirror the conditions of disconnection, control, and harm they aim to disrupt (Bloom, 2017; Braithwaite, 2021). In this sense, systems themselves can become agents of what might be described as mirrored violence—relational and institutional practices that echo the trauma experienced by infants and families.

In Chapter Six, participants shared stories of being unsupported, emotionally dismissed, or constrained by organisational demands prioritising risk management and efficiency over relational connection. This organisational climate—marked by surveillance, regulation, and proceduralism—frequently left practitioners feeling emotionally and professionally vulnerable. Feminist relational theory holds that when coercive or managerial relationships replace care relationships, the relational fabric of practice begins to fray (Gilligan, 2011; Ross, 2023).

The concept of parallel processes—originally used to describe how dynamics in one relationship (e.g., between client and practitioner) can replicate in another (e.g., between practitioner and supervisor)—is expanded here to describe how systems themselves can embody vulnerability and project it onto those within them (Bloom, 2017; Kahn, 2022). This includes practitioners, who often absorb the emotional weight of organisational dysfunction, and infants, whose needs may be lost amidst systemic chaos. From an FRT perspective, this is a failure of relational accountability: systems that do not hold their practitioners with care cannot expect those practitioners to sustain attuned relationships with infants and families.

Recent research by Dore, Teverson, and Wilkins (2024) introduces the concept of the “shadow of vulnerability,” where practitioners recognise echoes of their own personal histories in the lives of the families they serve. While these connections can enrich empathy, they also risk emotional enmeshment or retraumatisation, particularly when lacking organisational support structures. Feminist relational practice emphasises the importance of reflective spaces—supervision, debriefing, peer dialogue—where these shadows can be acknowledged and integrated with care (Fook, 2018; Morley & O’Bree, 2021).

Bjerre and Nissen (2021) highlight the subtle, often “shadowy” nature of emotional knowing in child protection—knowledge that arises through verbal dialogue and non-verbal,

relational attunement. However, in many organisations, these embodied forms of knowledge are devalued in favour of technical language and standardised assessments. The practice's moral and relational complexity is flattened when emotional expression is discouraged or pathologised. Feminist relational ethics reject this reduction. Emotions are not obstacles to professionalism; they are vital signals of relational truth and ethical discomfort (Thompson, 2016; Jordan, 1997).

While some participants shared moments of collegial support or pockets of relational safety, these were often the exception rather than the norm. In many statutory child protection contexts, the culture of risk aversion, compliance, and fear creates environments inhospitable to relational ways of knowing and being. This reinforces the need for system-wide reform that embeds emotional safety, reflexivity, and relational accountability for clients and the workforce.

By reframing practitioner vulnerability as a relational and systemic concern—not a personal deficit—FRT supports a more compassionate and justice-oriented understanding of care work. When systems mirror the harm they seek to prevent, they require not more control, but more connection: relationships built on mutual respect, trust, and recognition of shared humanity.

7.8.2 Crisis of Integrity

The Practitioner's Inner Experience and Views

I think, if you don't know yourself, or if you don't go home and do a lot of reflecting, then I don't know if this work is possible. *Sandra*

Feminist relational theory recognises that ethical and sustainable care work requires practitioners to be emotionally present, self-aware, and relationally attuned to those they support and themselves (Jordan, 1997; Miller, 2022). This inner relationality—the capacity to reflect on one's emotional responses, values, and experiences—is not a luxury, but a necessity in fields such as child protection, where relational complexity and emotional strain are inherent to the daily landscape.

Bunston (2017) highlights that engaging fully with an infant's emotional distress requires significant emotional availability. Avoidance, while understandable, leaves the infant alone in their pain, without the developmental capacity to self-regulate. Practitioners

in child protection must therefore navigate a deeply embodied and emotional space, often without adequate organisational support or reflective opportunities. This tension gives rise to what can be described as a crisis of integrity—a dissonance between one's relational intentions and the realities of the system.

Ash and Grey (2022) argue that relational work in care professions is shaped by clients' needs and the practitioner's relationship histories, emotional landscape, and exposure to structural power. However, in many organisational contexts, the focus remains client-facing, with little attention paid to how the practitioner's subjectivity and inner world influence the quality of care. From a feminist relational perspective, this neglect is a form of relational erasure that undermines the practitioner's humanity.

The "use of self" concept in social work (McKeown & Yeung, 2023) acknowledges the centrality of relational presence and self-awareness. However, few frameworks meaningfully explore how a practitioner's attachment history, embodied experience, or personal sense of integrity shape their responses to infants and families. Participants in this study offered mixed insights into whether they felt 'held in mind' by their organisations. Some described experiences of support and solidarity, while others spoke of feeling invisible, overworked, or afraid to speak out. These experiences align with research on organisational commitment and turnover, which links practitioner wellbeing to organisational culture, climate, and relational safety (Dishop et al., 2019; Park & Pierce, 2020).

Some practitioners' professional path is intimately tied to their personal histories. Vachon (2020) and Hadjosif (2021) suggest that care workers are often drawn to the field to make sense of past experiences, which can enhance empathy but may also amplify emotional vulnerability. The findings reflect this interplay, where relational attunement deepens practice and requires structures that hold the practitioner with care. Feminist relational ethics insist that to offer attuned care, one must also receive it (Tronto, 1993; Jordan, 1997).

Ruch et al. (2020) stress the importance of reflection and self-awareness in training and ongoing professional development. However, this reflective capacity can become strained or inaccessible without organisational structures prioritising reflective supervision and emotional safety. Bloom (2017) introduces the concept of moral safety—the

psychological condition in which practitioners feel permitted to care, question, and act ethically within systems. Practitioners are more likely to experience disillusionment, vicarious trauma, or moral distress where moral safety is lacking.

Reflective practice supervision offers a pathway to reconnect with relational integrity. It supports curiosity, perspective-taking, and the development of what Barron et al. (2022) call the “observer self”—a stance that enables practitioners to remain emotionally present without becoming overwhelmed. Feminist relational theory values this kind of reflexive stance as a way to resist dominant narratives and sustain ethical, attuned care in contexts that often demand detachment or compliance (Fook, 2018; Morley et al., 2023).

Ultimately, integrity in relational work is not about perfection or certainty. It is about remaining in touch with one's values, cultivating relational awareness, and creating spaces within oneself and one's organisation where emotional truth can be spoken, heard, and held. Without these conditions, the practitioner risks becoming alienated from their purpose, and the infant from the attuned care they need most.

7.8.3 Being With the Infant to Know Their Internal World

Hoffman (2015) observed that all infants have an implicit, embodied knowing—a sacred need to be in relationship, belong, and take refuge. This innate longing is not cognitive but deeply relational: the infant must remain connected at all costs. Their earliest encounters with care do not simply shape developmental outcomes; they lay the foundation for how the infant will come to know themselves, others, and the world. If this early relationship is nurturing, it conveys a sense of safety. It imprints vulnerability, fear, and relational threat if ruptured or absent.

This understanding resonates profoundly with the practitioners who participated in this research. Their experiences of attempting to remain attuned to infants amid organisational and emotional constraints sparked a shared sense of ethical urgency. As a researcher and practitioner, I repeatedly asked: How can we show up for infants with our full relational presence when we are not cared for? How can we remain open and emotionally available in systems that reward procedural detachment over relational depth?

Feminist relational theory compels us to attend to these questions. It invites us to hold space for the complexity of human experience, honour emotion as knowledge, and

resist systems that fragment care into compliance and efficiency (Jordan, 1997; Miller, 2022). From this perspective, caring for infants requires more than adherence to policy—it calls for practitioners to be supported, seen, and emotionally held in their own right.

The literature on attachment underscores that a child's capacity for trust, safety, and self-worth is forged in their earliest caregiving relationships (Osofsky et al., 2024). The absence or loss of a secure caregiving presence—particularly through forced separation such as infant removal into out-of-home care (OOHC)—is a profound disruption to this developmental foundation. It constitutes not just a logistical event but an emotional trauma that severs the infant's emerging sense of self from their relational world (Hoffman et al., 2016; Winnicott, 1957).

This recognition does not discount the importance of physical safety. However, it insists on an ethical response that centres the relational consequences of removal. Feminist relational theory demands that we not only protect the body, but also attend to the relational wounds inflicted through separation, disconnection, and objectification—especially when enacted by the systems meant to offer care.

To truly hold the infant in mind, practitioners must first develop the capacity to be with the infant—not simply observing behaviour, but listening with their whole body, attuning to emotional cues, and acknowledging the infant as a subject in their own right (Bunston et al., 2020; Thomson-Salo, 2018). This requires deepening relational capacities—what Fonagy and Luyten (2018) describe as embodied mentalisation—the ability to sense and interpret emotional states through non-verbal, kinesthetic interaction. Similarly, neuroception (Porges & Porges, 2023) helps explain how infants and practitioners unconsciously detect safety or threat through bodily cues and relational tone.

Stern (2018a) insists on seeing the infant as a meaning-maker, which opens a space where relational presence becomes transformative. When practitioners reflect on their own relational histories, biases, and vulnerabilities and are supported to do so within safe professional spaces, they are more available to infants, not only behaviourally but emotionally and ethically.

In this way, the practitioner's presence becomes a form of advocacy. It is a relational stance that makes the infant's inner world visible, particularly when others may fail to see it.

Feminist relational ethics hold that this kind of emotional labour is valid and vital; it is the foundation of just and humane care (Tronto, 1993; Jordan, 1997).

7.9 Concluding Statement

Relational Practice as Political, Ethical, and Embodied

This chapter draws on a feminist relational theoretical (FRT) lens to examine the complex interplay between practitioners, organisations, and infants at the heart of child protection. Rather than segmenting body, mind, and emotional experience, FRT holds these dimensions together, recognising that care is always relational, political, and embodied (Tronto, 1993, 2013; Miller, 1976; Gilligan & Snider, 2018). The findings demonstrate that practitioners are relational agents and relationally impacted and shaped by the systems, cultures, and interpersonal dynamics in which they are embedded.

Across these pages, we have seen how relational rupture and repair play out in organisations as in families. Practitioners' capacity to attune to infants is deeply influenced by organisational safety, emotional support, reflective supervision, and ethical leadership's presence—or absence—(Ruch et al., 2018; Ross, 2023). Drawing on the work of Bloom (2017), we can understand child protection organisations as trauma-organised systems, where cumulative stress and moral injury erode the very conditions needed to care well.

Feminist relational theory compels us to see these challenges not as isolated dysfunctions, but as symptoms of power imbalances, gendered expectations, and neoliberal managerialism that distort the fundamental purpose of caregiving systems (Morley & O'Bree, 2021; Robinson, 2011; Wendt & Moulding, 2017). To hold infants in mind is first to hold the practitioner in mind—and to resist institutional cultures that silence emotional knowledge, flatten ethical complexity, and render care invisible.

Importantly, this research also reveals moments of hope: practitioners draw on their own relational histories, resist harmful norms, and co-create meaning with infants, even in constrained contexts. These small acts of relational integrity are not only ethically significant—they are political acts of care (Tronto, 2013).

This synthesis calls for systemic transformation grounded in relational accountability, emotional truth-telling, and structural care. By centring both infants and those who care for

them, feminist relational approaches offer a powerful pathway toward a child protection system that nurtures, protects, and connects rather than merely manages risk.

7.10 Limitations

This research faced several limitations that influenced both its design and outcomes. One of the most significant was the inability to observe the infant directly in practice alongside the child protection practitioner. Originally, the study was to include field-based research within Queensland's statutory child protection service, Child Safety, using an infant observation technique. This would have enabled real-time observation of the interactions between practitioners, infants, and families, providing valuable insights into the infant's nonverbal cues and the practitioner's attunement to the infant's needs (Wakelyn, 2019).

However, this approach became unfeasible due to logistical and ethical constraints. In response, the methodology was adapted to focus on practitioner reflections, observational insight, and the identification of infant needs through indirect forms of interaction. While this adaptation provided valuable findings, the absence of direct observation limited the ability to capture the infant's lived experience in real-time.

Another limitation was the small sample size centred on a select group of child protection practitioners. While this allowed for in-depth exploration of individual experiences, it limits the generalisability of the findings. A larger, more diverse sample would be necessary to draw broader conclusions reflecting practitioner perspectives within child protection systems.

The study explored how organisational culture influences practice but did not fully investigate how broader policy frameworks or structural constraints support or inhibit infant-led approaches. In Queensland, for example, recent efforts have been made to improve early intervention and notification of unborn children (CSPM, 2024a), but these broader dynamics were beyond the scope of this research.

The nature of participant recruitment also shaped the findings. All participants volunteered and demonstrated a strong sensitivity to the importance of seeing and responding to the infant and a reflective orientation to their practice. While these qualities are highly desirable in child protection work, they may not be uniformly present across the

sector. This means the data may lean toward more relationally attuned practice than might be typical in wider statutory contexts.

From a methodological perspective, while the qualitative interviews yielded rich, reflective data, the study did not reach full data saturation. A mixed-methods approach or a larger sample could have provided a more robust understanding of the barriers and enablers of infant-led practice, particularly in relation to practitioners' knowledge of infant mental health and their relational capacities.

Ethical considerations also constrained the design. Working with vulnerable groups—including infants and practitioners operating in emotionally intense and often under-resourced environments—required careful boundary negotiation, which influenced the depth and scope of the research.

Despite these limitations, the insights gained are valuable and have been carefully synthesised throughout this chapter using a feminist relational lens. The findings contribute to a deeper understanding of how relationality, power, care, and reflective practice intersect in child protection work, particularly when infants are involved. Future research with larger and more diverse samples, expanded methodologies, and further engagement with organisational and policy contexts will help build on this work, supporting the development of infant-led, relational, and ethically attuned practices across child protection systems.

7.11 Moving Forward: Recommendations and Future Directions

The more you can open it and let the sunshine into dysfunctional organisations or spaces, the better for children. *Selma*

Infants are the most vulnerable members of our society—entirely dependent on the quality of their relationships and without a direct voice to advocate for their needs. This research reaffirms the urgent need for an infant-led philosophy, grounded in feminist relational theory, to guide practice, policy, and organisational culture in child protection.

The findings demonstrate that meaningful care for infants cannot occur in isolation from care for practitioners. Holding the infant in mind requires practitioners to be held within reflective, attuned, and emotionally safe systems.

To achieve this, infant-led system transformation must prioritise:

1. *Infant-centred systems* that uphold relational, developmental, and cultural needs in policy and planning.
2. *A skilled and supported workforce* with training, supervision, and embedded relational expertise.
3. *Relational practice infrastructure* that legitimises attunement, reflection, and the emotional safety of infants and practitioners alike.

The following sections expand on these priorities, offering specific recommendations for practice, policy, and organisational development to support a truly infant-led approach to child protection.

7.11.1 Key Priorities for Practice, Policy, and Organisational Culture

1. Infant-Centred Systems

- a. *Develop relationally informed policies* that explicitly recognise infants' unique developmental, emotional, and attachment needs. Policies should reflect the importance of early relationships, relational continuity, and the infant's embodied experience of safety.
- b. *Embed infant-led principles* across care planning, assessment, and review processes to ensure infants' perspectives and non-verbal cues are central to decision-making. This requires an attuned interpretation of infants' needs by trained practitioners.
- c. *Prioritise continuity of care and cultural belonging*, recognising that attachment relationships, kinship connections, and cultural identity are critical to an infant's wellbeing. Disruption to these core relational elements must be approached as a developmental and ethical concern.

2. A Skilled and Supported Workforce

- a. *Strengthen practitioner training and development* by integrating content on infant mental health, trauma-informed relational practice, and feminist ethics

of care. Training should support embodied attunement and emotional presence, not just procedural knowledge.

- b. *Establish embedded specialist roles*, such as perinatal and infant mental health advisors, to mentor frontline staff, support reflective supervision, and elevate relational practice within multidisciplinary teams.
- c. *Ensure regular, high-quality reflective supervision* to provide practitioners a relational space for containment, ethical reflection, and growth. Supervision should be seen as central to sustaining emotionally attuned and ethical care, not as an administrative add-on.

3. Relational Practice Infrastructure

- a. *Create protected time and space* for practitioners to observe, reflect on, and document infants' relational cues. These practices support deeper insight into the infant's emotional world and must be framed as part of relational care, not as compliance exercises for procedural accountability.
- b. *Design emotionally safe environments* for infants and practitioners, where relationships can flourish and distress can be held. Emotional safety must be an organisational priority, not left to individual resilience.
- c. *Recognise and legitimise practitioners' relational knowledge* in organisational assessments and decision-making forums. The practitioner's felt experience and relational insight should be considered valuable data, not secondary to standardised metrics or legal discourse.

7.11.2 Future Research Directions

This study opens several possibilities for further inquiry:

1. How do infant-led and relational frameworks shift outcomes for infants and practitioners?
2. How do embedded infant mental health roles impact assessment, support, and supervision?

3. How can practitioner education better prepare workers for the relational complexity of infant care?
4. What organisational and policy reforms most effectively enable relational accountability?

Longitudinal studies, co-designed research with First Nations communities, and applied evaluations of infant-led systems could extend the impact of this work and contribute to a broader cultural shift in child protection.

You might be doing really hard work with a family, keeping the infant front and centre. But when you return to the office, the focus is on form-filling, not on the intense work you've just done with that family. *Alicia*

An infant-led philosophy cannot rely on structural mandates alone. Supported practitioners must embody it to remain present, relational, and ethically grounded in their work. Systemic care for infants begins with systems that care for their carers.

7.12 A Call to Action

Holding the Infant and the Practitioner in Mind

This research set out to explore how an infant-led approach might strengthen care for the most vulnerable infants in the child protection system—those in out-of-home care (OOHC) at risk of developmental disruption, relational loss, and emotional trauma. Through the voices of practitioners, it revealed both a commitment to and a struggle with keeping the infant in mind amidst systems driven by compliance, risk, and control.

As Alicia reflected, even when practitioners do the emotionally intense work of centring the infant, they often return to systems where *“the focus is on form-filling, not the intense work you have just done with that family.”* These conditions erode relational ethics and compromise the possibility of deeply attuned, infant-led care. Infant-led practice is not simply a technique—it is a relational stance. It calls on organisations to create environments where practitioners can stay present and emotionally engaged with the infants they serve.

Infants Are Not Passive

The vulnerability of infants in OOHC cannot be overstated. As Sander and Thompson (2021) remind us, infants are wired for biological and neurological connections and require safe, attuned relationships to thrive. When those relationships are disrupted, healing must

occur in the relational space. As Bunston et al. (2023) and McFadyen et al. (2022) note, infants are not passive recipients of care but co-constructors of relational experience. Their voices, though preverbal, must be heard.

Alicia's imagining of the infant's voice speaks to this:

What do I wake up to? What am I smelling? Am I feeling love? Am I being understood? Is someone hearing me? Am I afraid? Am I being hugged?

This imagining brings us into the emotional world of the infant—into what Ross (2023) might call the “language of love.” The world can only be accessed through presence, attunement, and the ethical labour of care. Loveless systems cannot meet the needs of infants. A system that sees, values, and listens to infants humanises care across all ages.

The Practitioner's Voice Matters Too

To meet infants' needs, we must also consider the practitioner. This study has shown that practitioners are often asked to carry emotional burdens without adequate containment. When practitioners are unheard, undervalued, or unsupported, their capacity to hear and hold the infant is compromised.

An infant-led approach is also practitioner-led. It acknowledges that the practitioner's voice must be nurtured within organisational cultures that value emotional insight, reflective practice, and relational knowledge. Healing occurs in a relationship between the infant and the worker (McDonough, 2005; Thomson-Salo, 2018).

This thesis concludes by advocating for an Infant-Led Philosophy—a cultural shift that:

- Embeds infant presence in all organisational decisions,
- Values the emotional and relational labour of practitioners, and
- Prioritises care, attunement, and justice in policy and practice.

I invite every practitioner, policymaker, and organisation to pause and ask:

What might this infant be feeling? What might they need from me right now? Am I holding them in mind?

This is where infant-led practice begins: curiosity, presence, and care. It is both a professional responsibility and a moral imperative. When embedded in the heart of our systems, it can transform cultures of control into cultures of care, where both infants and practitioners are truly seen, heard, and held.

7.13 Conclusion: Toward an Infant-Led Praxis in Child Protection

This chapter critically examines the research findings through a Feminist Relational lens, focusing on how practitioners understand and enact their relationships with infants in out-of-home care (OOHC). Central to this exploration were practitioners' perceptions of their roles, skills, and knowledge; their experiences within organisational contexts; and the broader responsibilities of organisations in supporting both practitioners and infants.

The findings reveal the deeply interconnected relationship between the infant, the practitioner, and the organisation. This research underscores the urgent need for reflective, relational approaches that disrupt dominant discourses and resist procedural detachment by centring the infant as the guiding focus. Practitioners are committed to holding infants in mind, yet their capacity to do so is often constrained by systemic demands that devalue care and relational presence.

Structural conditions, including policy, workload pressures, and institutional culture—at the organisational level—shape and often restrict the practitioner's ability to work relationally. These constraints underscore the need for systemic reforms that promote reflective practice, facilitate ethical alignment, and support the wellbeing of practitioners. A feminist relational critique reveals how managerialist models and rigid bureaucratic norms marginalise caregiving practices, often at the expense of those most vulnerable—infants and frontline workers alike.

Rather than rejecting structure, this critique calls for a reorientation toward care, empathy, and connection—rediscovering the human core of child protection as both an ethical and practical imperative. Supervisors are pivotal in this process; they mediate between systemic expectations and the practitioner's need for relational and reflective support. However, as this research has shown, they are impacted by the same structural limitations. Without systemic support for care-centred supervision and practitioner wellbeing, the needs of infants will remain inadequately addressed.

This study has demonstrated that infant-led practice can potentially transform child protection systems. Relational and reflective practice is not aspirational—it is essential. The quality of relationships between infants and practitioners depends on environments that honour and support both.

Future research should explore:

- The development of specialist roles to advocate for infants within multidisciplinary child protection teams.
- Education and training frameworks that support infant-led, relational, and reflective practices from pre-service to professional development.
- Organisational cultures that embed care, reflection, and practitioner support into policy and leadership at all levels.

Such research would contribute to a systemic shift in how care is understood and enacted across child protection services, ensuring that infants are no longer invisible and that practitioners are supported. Placing the infant's voice at the centre of policy, practice, and supervision is not only possible—it is necessary. By reimagining the practitioner's role and creating organisational environments that value care, we can build a future in which infants and those who support them are seen, heard, and held.

7.14 One Infant's Voice: A Poem

This research revealed how often infants remain unseen and unheard within systems designed to protect them, just as practitioners' emotional experiences are frequently overlooked. While child-centred models are common, they rarely make space for a truly infant-focused perspective.

In response, I turned to reflective and creative practice to imagine what an infant in out-of-home care might voice if they could. This poem emerged from my journal as an embodied expression of that imagining. It seeks to capture both the vulnerability and the longing for connection that infants carry and the emotional resonance this evokes in those caring for them.

Like the practitioner stories shared throughout this thesis, this poem reflects the tension between deep relational attunement and the constraints of complex systems. It is a

call to presence—a reminder to meet the infant in their world, to be their calm, sanctuary, and voice.

In this journey toward an infant-led praxis, may we remember that truly seeing, hearing, and holding the infant honours our shared humanity and reshapes a system into one that nurtures, protects, and transforms.

Could You Be My Ship in the Storm

Seeking you out

Your eyes show me... *me*
Knowing calm in connection

Feeling the break

I am lost in a wild sea
Can you see me?

I cry out to you
With a glance and shudder
My breath is held; my voice is held
My tiny fingers reaching—
Seeking a tender rudder

Can you hear me?

I wonder where you are
Your touch; your eyes—gone
Could you be my ship in this storm?

Experiencing me, being with me

Are you my felt known?
Can you feel me?

I see you; I hear you
My small voice, my small body
Shrinking in the parallel

Hear me.
See me.
Embrace me.

Be my sanctuary—my somebody.
Will you hold me?

References

- Aamodt, H. A., & Hennum, N. (2024). The child welfare service's ignorance: The use of attachment theory in Norwegian child welfare. In B. Skivenes & M. T. James (Eds.), *Reimagining child welfare systems* (pp. 120–137). Policy Press.
- Ainsworth, M. D. (1963). The development of infant-mother interaction among the Ganda. *Determinants of infant behavior*, 67–112.
- Ainsworth, M. S. (1989). Attachments beyond infancy. *American psychologist*, 44(4), 709.
- Allen, K. R. (2023). Feminist theory, method, and praxis: Toward a critical consciousness for family and close relationship scholars. *Journal of Social and Personal Relationships*, 40(3), 899–936.
- Ash, Z., & Grey, B. (2022). 'I feel... I need to defend myself': Exploring the influence of social worker's attachment history on the social worker-client relationship. *Human Systems*, 2(3), 125–143.
- Australian Association of Social Workers (AASW) (2004). Statement of Apology. *National Bulletin*, 14(1), 21.
- Australian Association of Social Workers (AASW) (2020). *Code of Ethics*.
- Australian Institute of Health and Welfare. (2021). *Aboriginal and Torres Strait Islander Stolen Generations Aged 50 and Over: Updated Analyses for 2018-19*. Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2023). Child Protection Australia 2021–22. <https://www.aihw.gov.au/reports/child-protection/child-protectionaustralia-2021-22>
- Australian Government (2020) COVID-19 health alert retrieved from: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19>
- Baker, M., Gruber, J., & Milligan, K. (2019). The long-run impacts of a universal childcare program. *American Economic Journal: Economic Policy*, 11(3), 1-26.
- Barbell, K., & Wright, L. (2018). *Family care in the next century*. Routledge.

- Barron, C. C., Dayton, C. J., & Goletz, J. L. (2022). From the voices of supervisees: What is reflective supervision and how does it support their work? (Part I). *Infant Mental Health Journal*, 43, 207–225. <https://doi.org/10.1002/imhj.21972>
- Barron, I., Taylor, L., & Macrae, C. (2022). Seeking space for entanglements with young children in immanent material relationality. *Early Years*, 42(4-5), 543-556.
- Bate, J., Golub, A., Bellinson, J., & Cohen, P. (2021). Lenses and mirrors: Reflecting on dyadic psychotherapy, supervision, and research with families involved in the child welfare system. *Journal of Infant, Child, and Adolescent Psychotherapy*, 20(4), 395–410.
- Bates, A. (2015). The effect of limited organisational and community resources on novice child protection workers: A Queensland example. *Child abuse review*, 24(6), 452–462.
- Beddoe, L., Ferguson, H., Warwick, L., Disney, T., Leigh, J., & Cooner, T. S. (2022). Supervision in child protection: a space and place for reflection or an excruciating marathon of compliance? *European Journal of Social Work*, 25(3), 525–537.
- Beebe, B., & Lachmann, F. M. (2014). *The origins of attachment*. Routledge.[JSC].
- Benito-Gomez, M., Carrera, P., Zablah, F., Roben, C., & Dozier, M. (2022). Enhancing parental sensitivity in families with an evidence-based early intervention. *Papeles del psicólogo*, 43(2), 110-116.
- Bentley, H. (2017). How safe are our children? The most comprehensive overview of child protection in the UK.
- Benton, A. D., Dill, K., & Williams, A. E. (2017). Sacred time: Ensuring the provision of excellent supervision. *Journal of Workplace Behavioral Health*, 32(4), 290–305. <https://doi.org/10.1080/15555240.2017.1408416>
- Berridge, D. (2017). The education of children in care: Agency and resilience. *Children and Youth Services Review*, 77, 86–93.
- Bick, E. (1964). Notes on infant observation in psycho-analytic training. In *Collected papers of Martha Harris and Esther Bick*, pp. 240–256, 1987, Perthshire: Clunis Press
- Bion, W., & Hinshelwood, R. (2023). *Learning from experience*. Routledge.

- Bjerre, L. S., & Nissen, M. A. (2021). Does it feel right?—Emotional and embodied processes as a ‘shadowy epistemology’ in difficult child protection cases. *The British Journal of Social Work*, 51(2), 600-616.
- Blackman, L. (2021). *The body: The key concepts*. Routledge.
- Blanchet-Cohen, N. (2009). Children, agency and violence: In and beyond the United Nations study on violence against children.
- Bloom, S. L. (2017). The sanctuary model: Through the lens of moral safety.
- Blower, A., Addo, A., Hodgson, J., Lamington, L., & Towlson, K. (2004). Mental health of ‘looked after’ children: a needs assessment. *Clinical Child Psychology and Psychiatry*, 9(1), 117-129.
- Bovenschen, I., Lang, K., Zimmermann, J., Förthner, J., Nowacki, K., Roland, I., & Spangler, G. (2016). Foster children's attachment behavior and representation: Influence of children's pre-placement experiences and foster caregiver's sensitivity. *Child abuse & neglect*, 51, 323-335.
- Bowlby, J. (1942). The influence of early environment in the development of neurosis and neurotic character. *The Psychoanalytic Review (1913-1957)*, 29, 81.
- Bowlby, J. (1980). Attachment and loss: Vol. III. Loss. Basic Books.
- Bowlby, J. (1997). *A secure base. Clinical applications of attachment theory*. Routledge.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, 11(4), 589–597.
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis?. *Qualitative research in psychology*, 18(3), 328–352.
- Braun, V., & Clarke, V. (2022). *Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher*. *International Journal of Transgender Health*, 24(1), 1–6. <https://doi.org/10.1080/26895269.2022.2129597>
- Britto, P. R. (2017). *Early Moments Matter for Every Child*. UNICEF. 3 United Nations Plaza, New York, NY 10017.
- Bronfenbrenner, U. (2019). The context of development and the development of context. In *Developmental Psychology* (pp. 147-184). Routledge.

- Brown, C. (2020). Feminist narrative therapy and complex trauma: Critical clinical work with women diagnosed as “borderline.”. *Critical clinical social work: Counterstorying for social justice*, 82–109.
- Brown, C., Giffin, M., Hayes, N., Heyward, M., Hickman, M., Knapp, P., Poulsen, M., Sherman, M. and Smith, J. (2000). *Mental Health Screening Tool (MHST 0-5): Child 0–5*. Institute for Mental Health.
- Buber, M. (1965). Dialogue between Martin Buber and Carl Rogers. In M. Fridman (Ed), *The knowledge of man* (pp. 106–130). Allen & Unwin.
- Buchanan, F. (2017). *Mothering babies in domestic violence: Beyond attachment theory*. Routledge.
- Buchanan, I. (2015). The ‘structural necessity’ of the body without organs. *Deleuze and the Schizoanalysis of Literature*, 25.
- Bunger, A. C., Maguire-Jack, K., Yoon, S., Mooney, D., West, K. Y., Hammond, G. C., & Kranich, C. (2021). Does mental health screening and assessment in child welfare improve mental health service receipt, child safety, and permanence for children in out-of-home care? An evaluation of the Gateway CALL demonstration. *Child Abuse & Neglect*, 122, 105351.
- Bunston, W. (2016). *How Refuge Provides ‘refuge’ to Infants: Exploring the ways in which ‘refuge’ is provided to, and experienced by, infants entering crisis accommodation with their mothers after fleeing family violence*. [Doctoral Thesis, La Trobe University, Victoria, Australia].
- Bunston, W. (2017). *Helping Babies and Children Aged 0-6 to Heal After Family Violence: A Practical Guide to Infant-and Child-Led Work*. Jessica Kingsley Publishers.
- Bunston, W. (2018). Using an 'infant and child led' model of practice to facilitate healing within the context of women's refuges. *Parity*, 31(1), 25.
- Bunston, W., Frederico, M., & Whiteside, M. (2020). Infant-led Research: Privileging Space to See, Hear, and Consider the Subjective Experience of the Infant, *Australian Social Work*, 73(1), 77–88.

- Bunston, W., & Jones, S. J. (2023). 'How I wonder what you are?': what infant observation offers family therapy. *Australian and New Zealand Journal of Family Therapy*, 44(4), 440–454.
- Bunston, W., Pavlidis, T., & Cartwright, P. (2016). Children, family violence and group work: Some do's and don'ts in running therapeutic groups with children affected by family violence. *Journal of Family Violence*, 31, 85–94.
- Burg, J. R. (2023). Intersubjectivity: Intersubjective Systems Theory. In *Underlying Assumptions in Psychoanalytic Schools* (pp. 185–193). Routledge.
- Burr, V. (2015). *Social Constructionism*. Routledge.
- Burton, V., & Revell, L. (2018). Professional curiosity in child protection: Thinking the unthinkable in a neo-liberal world. *The British journal of social work*, 48(6), 1508–1523.
- Butler, J. (2015). *Notes toward a performative theory of assembly*. Harvard University Press.
- Byun, S., Brumariu, L. E., & Lyons-Ruth, K. (2016). Disorganized attachment in young adulthood as a partial mediator of relations between severity of childhood abuse and dissociation. *Journal of Trauma & Dissociation*, 17(4), 460–479.
- Bywaters, P., Featherstone, B., & Morris, K. (2019). Child protection and social inequality (Editorial), *J. Soc. Sci.* 8(2), 42.
- Bywaters, P., Scourfield, J., Jones, C., Sparks, T., Elliott, M., Hooper, J., ... & Daniel, B. (2020). Child welfare inequalities in the four nations of the UK. *Journal of Social Work*, 20(2), 193–215.
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ... & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), 652–661.
- Carey, D. J. (2021). Projected reality, critical realism and boundary objects: a new model for assessment in forensic psychiatry. *Academia Letters*, 2.
- Cardiff, S., Sanders, K., Webster, J., & Manley, K. (2020). Guiding lights for effective workplace cultures that are also good places to work. *International Practice Development Journal*, 10(2).

- Carmody, T. (2013) *Taking Responsibility, A Roadmap for Queensland Child Protection*. Retrieved from Queensland Child Protection Commission of Inquiry www.childprotectioninquiry.qld.gov.au
- Carter, P., & Blanch, A. (2019). A trauma lens for systems change. *Stanford Social Innovation Review*, 17(3), 48-54.
- Cashmore, J., & Taylor, N. (2023). Child protection in Australia and New Zealand: an overview of systems. *Oxford Handbook of Child Protection Systems*, 25.
- Cassells, R., Dockery, A. M., & Duncan, A. S. (2014). *Falling through the cracks: Poverty and Disadvantage in Australia* (No. FS01). Bankwest Curtin Economics Centre (BCEC), Curtin Business School.
- Cavalca, P. G., Ejrnæs, M., & Gørtz, M. (2022). *Before and after out-of-home placement: Child health, education and crime*. CEBI, Department of Economics, University of Copenhagen.
- Chamberlain, C., Ralph, N., Hokke, S., Clark, Y., Gee, G., Stansfield, C., ... & Healing The Past By Nurturing The Future group. (2019). Healing The Past By Nurturing The Future: A Qualitative Systematic Review and meta-synthesis of pregnancy, birth and early postpartum experiences and views of parents with a history of childhood maltreatment. *PLoS One*, 14(12), e0225441.
- Chan, X. W., Fan, S. X., & Snell, D. (2021). Managing intense work demands: how child protection workers navigate their professional and personal lives. *Community, Work & Family*, 24(2), 208–225.
- Charmaz, K., & Thornberg, R. (2021). The pursuit of quality in grounded theory. *Qualitative research in psychology*, 18(3), 305-327.
- Chen, P. J. (2016). *Animal welfare in Australia: Politics and policy*. Sydney University Press.
- Child Protection Systems Royal Commission. (2016). Child Protection Systems Royal Commission report.
- Children's Health Queensland Hospital and Health Service (2014). Discussion Paper: Perinatal and Infant Mental Health Service Enhancement, prepared for Queensland Mental Health Commission. <https://www.qmhc.qld.gov.au/sites/default/files/wp->

[content/uploads/2014/08/QMHC-Discussion-paper-Perinatal-and-Infant-Mental-Health.pdf](#)

- Chinitz, S., Guzman, H., Amstutz, E., Kohchi, J., & Alkon, M. (2017). Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration. *Child abuse & neglect*, 70, 190-198.
- Choate, P. W., CrazyBull, B., Lindstrom, D., & Lindstrom, G. (2020). Where do we go from here? Ongoing colonialism from attachment theory. *Aotearoa New Zealand Social Work*, 32(1), 32–44. <https://doi.org/10.11157/anzswj-vol32iss1id702>
- Clapton, G. (2017). Good practice with fathers in children and family services. *Institute for Research and Innovation in Social Services (IRISS)*, 38, 1–16.
- Cornell, S., Nickel, B., Cvejic, E., Bonner, C., McCaffery, K. J., Ayre, J., ... & Dodd, R. (2022). Positive outcomes associated with the COVID-19 pandemic in Australia. *Health Promotion Journal of Australia*, 33(2), 311–319.
- Cortis, N., & Lee, I. (2019). Assessing the financial reserves of social service charities involved in public service delivery. *Nonprofit and Voluntary Sector Quarterly*, 48(4), 738–758.
- Committee on the Rights of the Child. (2005). *General Comment No. 7: Implementing child rights in early childhood*. United Nations CRC/C/GC/7/Rev.1.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Crittenden, P. M., & Baim, C. (2017). Using assessment of attachment in child care proceedings to guide intervention. *The Wiley Handbook of What Works in Child Maltreatment: An Evidence-Based Approach to Assessment and Intervention in Child Protection*, 385–402.
- CSPM. (2024a). Child Safety Practice Manual, *Support Service Case with a Pregnant Woman*, Department of Child Safety, Seniors and Disability Services, Qld government.
- CSPM. (2024b). Child Safety Practice Manual, *Hearing the Voices of Children*, Department of Child Safety, Seniors and Disability Services, Qld government.
- Dhakal, K. (2022). NVivo. *Journal of the Medical Library Association: JMLA*, 110(2), 270.

- Daly, A. (2020). Assessing Children's Capacity: Reconceptualising our Understanding through the UN Convention on the Rights of the Child. *The International Journal of Children's Rights*, 28(3), 471–499.
- Daro, D. (2022). Sustaining progress in preventing child maltreatment: A transformative challenge. In *Handbook of child maltreatment* (pp. 407–427). Cham: Springer International Publishing.
- Dawson, P. (2002). *Understanding organizational change: The contemporary experience of people at work*. Sage.
- DCSSDS (2024a). The State of Queensland 2024 (Department of Child Safety, Seniors and Disability Services). Family Support Services. Retrieved <https://performance.dcssds.qld.gov.au/our-performance/national-data/family-support-services>.
- DCSSDS (2024b). The State of Queensland 2024 (Department of Child Safety, Seniors and Disability Services), Intake Policy. Retrieved <https://performance.dcssds.qld.gov.au/our-performance/national-data/family-support-services>. <https://www.dcssds.qld.gov.au/media/documents/protecting-children/intake-528.pdf>
- DeCelles, K. A., & Anteby, M. (2020). Compassion in the clink: When and how human services workers overcome barriers to care. *Organization Science*, 31(6), 1408-1431.
- De Jonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family medicine and community health*, 7(2).
- Denzin, N. K. (2017). Critical qualitative inquiry. *Qualitative Inquiry*, 23(1), 8-16.
- Department of Child Safety, Seniors and Disability Services, DCSSD (2024). *What is Family and Child Connect?* Retrieved from: <https://www.communities.qld.gov.au/resources/campaign/supporting-families/family-child-connect.pdf>.
- Department of Child Safety, Seniors and Disability Services, DCSSD (2024). *Investigation and Assessment*. Retrieved from:

<https://www.csyw.qld.gov.au/child-family/our-performance/investigation-assessment-phase/substantiations>

- Devlieghere, J., & Gillingham, P. (2021). Transparency in social work: A critical exploration and reflection. *The British Journal of Social Work*, 51(8), 3375-3392.
- Dewart, G., Kubota, H., Berendonk, C., Clandinin, J., & Caine, V. (2020). Lugones's metaphor of "world travelling" in narrative inquiry. *Qualitative Inquiry*, 26(3-4), 369-378.
- Dhakal, K. (2022). NVivo. *Journal of the Medical Library Association*, 110(2), 270-272.
- Dickens, J., Berrick, J., Pösö, T., & Skivenes, M. (2017). Social workers and independent experts in child protection decision making: Messages from an intercountry comparative study. *British journal of social work*, 47(4), 1024-1042.
- Dishop, C. R., Green, A. E., Torres, E., & Aarons, G. A. (2019). Predicting turnover: The moderating effect of functional climates on emotional exhaustion and work attitudes. *Community mental health journal*, 55(5), 733-741.
- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of human lactation*, 35(2), 220-222.
- Dore, I., Teverson, P., & Wilkins, S. (2024). Practitioner Vulnerability in Children and Families Social Work—Identity, Impact and Implications. *The British Journal of Social Work*, 54(1), 40-58.
- Dozier, M., & Bernard, K. (2021). Addressing the Needs of Infants and Toddlers Exposed to Inadequate or Problematic Caregiving. *Attachment Theory and Research: A Reader*, 220.
- Dudgeon, P., Watson, M., & Holland, C. (2017). Trauma in the Aboriginal and Torres Strait Islander Population. *Australian Clinical Psychologist*, 3(1), 1741.
- Eagle, M. N. (2017). Attachment theory and research and clinical work. *Psychoanalytic Inquiry*, 37(5), 284-297.
- Eaves, T., Mauldin, L., Megan, C. B., & Robinson, J. L. (2020). The professional is the personal: A qualitative exploration of self-care practices in clinical infant mental health practitioners. *Journal of Social Service Research*, 47(3), 369-387.

- Edwards, F. (2016). Saving children, controlling families: Punishment, redistribution, and child protection. *American Sociological Review*, 81(3), 575–595.
- Egan, R., Maidment, J., & Connolly, M. (2017). Trust, power and safety in the social work supervisory relationship: Results from Australian research. *Journal of Social Work Practice*, 31(3), 307–321. <https://doi.org/10.1080/02650533.2016.1261279>
- Ehrhardt, K., & Ragins, B. R. (2019). Relational attachment at work: A complementary fit perspective on the role of relationships in organizational life. *Academy of Management Journal*, 62(1), 248–282.
- Enosh, G., & Ben-Ari, A. (2016). Reflexivity: The creation of liminal spaces—Researchers, participants, and research encounters. *Qualitative health research*, 26(4), 578–584.
- Ensink, K., Normandin, L., Target, M., Fonagy, P., Sabourin, S., & Berthelot, N. (2015). Mentalization in children and mothers in the context of trauma: An initial study of the validity of the Child Reflective Functioning Scale. *British Journal of Developmental Psychology*, 33(2), 203–217.
- Evans, A. (2020). The taboo of love for children in care: its emergence through the transference relationship and in the system around the child. *Journal of Child Psychotherapy*, 46(1), 72–89.
- Faulkner, S. L., Watson, W. K., Pollino, M. A., & Reese, J. (2022). Poetic portraiture as critical arts-based pedagogy and methodology: Older women’s relationships through the life course. *Qualitative Inquiry*, 28(10), 987–997.
- Fawcett, B. (2023). Feminisms in social work and social care: Backwards, forwards or something in between. *International Social Work*, 66(3), 831–841.
- Featherstone, B. (2023). Can we go on? Child protection in a broken place. *Families, Relationships and Societies*, 12(1), 116–126.
- Featherstone, B., Gupta, A., Morris, K., & Warner, J. (2018). Let’s stop feeding the risk monster: Towards a social model of ‘child protection’. *Families, relationships and societies*, 7(1), 07–22.
- Featherstone, B., Gupta, A., Morris, K., & White, S. (2019). Protecting children: A social model.

- Feldman, R. (2017). The neurobiology of human attachments. *Trends in Cognitive Sciences*, 21(2), 80–99.
- Ferguson, H. (2016). Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families. *The British Journal of Social Work*, 46(1), 153–168.
- Ferguson, H. (2016b). Professional helping as negotiation in motion: social work as work on the move. *Applied Mobilities*, 1(2), 193–206.
- Ferguson, H. (2017). How children become invisible in child protection work: Findings from research into day-to-day social work practice. *The British Journal of Social Work*, 47(4), 1007–1023.
- Ferguson, H. (2018). Making home visits: Creativity and the embodied practices of home visiting in social work and child protection. *Qualitative Social Work*, 17(1), 65–80.
- Ferguson, H., Disney, T., Warwick, L., Leigh, J., Cooner, T. S., & Beddoe, L. (2021). Hostile relationships in social work practice: Anxiety, hate and conflict in long-term work with involuntary service users. *Journal of Social Work Practice*, 35(1), 19–37.
- Filippelli, J., Fallon, B., Trocmé, N., Fuller-Thomson, E., & Black, T. (2017). Infants and the decision to provide ongoing child welfare services. *Child and adolescent psychiatry and mental health*, 11(1), 24.
- Flatschart, E. (2017). Feminist standpoints and critical realism. The contested materiality of difference in intersectionality and new materialism. *Journal of Critical Realism*, 16(3), 284–302.
- Fletcher, R., Regan, C., May, C., White, S., & St George, J. (2023). Equipping fathers to support distressed mothers: What do mothers want fathers to know and do?. *Health Promotion Journal of Australia*, 34(4), 683–690.
- Fletcher, R., St George, J., May, C., Hartman, D., & King, A. (2015). Father-inclusive practice in a family center: an Australian perspective. *Zero to Three*, 35(5), 60–67.
- Flynn, C., & McDermott, F. (2016). *Doing research in social work and social care: The journey from student to practitioner researcher*. Sage.

- Folkes, L. (2023). Moving beyond 'shopping list' positionality: Using kitchen table reflexivity and in/visible tools to develop reflexive qualitative research. *Qualitative Research*, 23(5), 1301–1318. <https://doi.org/10.1177/14687941221098922>
- Fonagy, P. (1998). Prevention, The Appropriate Target of Infant Psychotherapy. *Infant Mental Health Journal*, 19(2), 124–150.
- Fonagy, P., & Allison, E. (2023). Beyond mentalizing: Epistemic trust and the transmission of culture. *The Psychoanalytic Quarterly*, 92(4), 599–640.
- Fonagy, P., & Luyten, P. (2018). Attachment, mentalizing, and the self. *Handbook of personality disorders: Theory, research, and treatment*, 2, 123–40.
- Fook, J. (Ed.). (2021). *Practicing critical reflection in social care organisations*. Routledge.
- Fook, J. (2022). Social work: A critical approach to practice.
- Forslund, T., Granqvist, P., Van IJzendoorn, M. H., Sagi-Schwartz, A., Glaser, D., Steele, M., ... & Duschinsky, R. (2022). Attachment goes to court: Child protection and custody issues. *Attachment & Human Development*, 24(1), 1–52.
- Fort, C. J. (2018). Intersectionality, intersubjectivity & integration: A two-person therapy. *Journal of Psychology and Theology*, 46(2), 116–121.
- Foucault, M. (1970). *The order of things: An archaeology of the human sciences*. New York, NY: Vintage Books.
- Fraiberg, S., Adelson, E. & Shapiro, V. (1975). Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships. *Journal of American Academy of Child Psychiatry*, 14(3) 387–421.
- Freire, P. (2020). Pedagogy of the oppressed. In *Toward a sociology of education* (pp. 374–386). Routledge.
- Funston, L., & Herring, S. (2016). When will the stolen generations end? A qualitative critical exploration of contemporary 'child protection' practices in Aboriginal and Torres Strait Islander communities. *Sexual Abuse in Australia and New Zealand*, 7(1), 51–58.

- Gallese, V. (2014a). Bodily selves in relation: embodied simulation as second-person perspective on intersubjectivity. *Philosophical transactions of the Royal Society B: Biological Sciences*, 369(1644), 20130177.
- Gallese, V. (2014b). From mirror neurons to the shared manifold hypothesis: A neurophysiological account of intersubjectivity. In *Biology and Knowledge Revisited* (pp. 179–203). Routledge.
- Galvin, M., & Kaltner, M. (2020). Understanding the Impact of COVID-19 on Out-of-Home Care in Australia. EY
- Geller, S. M., & Greenberg, L. S. (2023). *Therapeutic presence: A mindful approach to effective therapeutic relationships*. American Psychological Association.
- Ghosh Ippen, C., & Lieberman, A. F. (2024). Child-Parent Psychotherapy: Acknowledging Ruptures in Safety and Rebuilding the Protective Shield. In *WAIMH Handbook of Infant and Early Childhood Mental Health: Cultural Context, Prevention, Intervention, and Treatment, Volume Two* (pp. 293-312). Cham: Springer International Publishing.
- Gibson, M. (2016). Social worker shame: A scoping review. *The British Journal of Social Work*, 46(2), 549–565.
- Gillen, A., & Canavan, J. (2024). Complexity Theory and Child Protection and Welfare: A Tool of Hindsight and/or a Tool to Assist Improved Decision Making in Child Protection and Welfare Work. *The British Journal of Social Work*, 54(1), 59-76.
- Gilligan, C. (1982). *In a Different Voice* (Harvard University Press, Cambridge, MA).
- Gilligan, C., & Eddy, J. (2017). Listening as a path to psychological discovery: An introduction to the Listening Guide. *Perspectives on medical education*, 6, 76–81.
- Gillingham, P. (2016). Social work and child protection in Australia: whose job is it anyway? *Practice*, 28(2), 83–96.
- Gillingham, P., Harnett, P., Healy, K., Lynch, D., & Tower, M. (2017). Decision making in child and family welfare: The role of tools and practice frameworks. *Children Australia*, 42(1), 49–56.

- Gillingham, P., & Whittaker, A. (2023). How Can Research and Theory Enhance Understanding of Professional Decision-Making in Reviews of Cases of Child Death and Serious Injury? *The British Journal of Social Work*, 53(1), 5–22.
- Grace, R., Elcombe, E., Knight, J. A., McMahon, C. M., McDonald, J., & Comino, E. J. (2017). Early childhood development over time for a cohort of Australian Aboriginal children living in an urban environment. *Australian Journal of Educational and Developmental Psychology*, 15, 35–52.
- Graham, A., Powell, M. A., & Taylor, N. (2015). Ethical research involving children: Encouraging reflexive engagement in research with children and young people. *Children & Society*, 29(5), 331–343.
- Granqvist, P., & Duschinsky, R. (2021). Attachment theory and research. In *Oxford Research Encyclopedia of Psychology*.
- Green, S., Bennett, B., & Betteridge, S. (2016). Cultural responsiveness and social work - a discussion. *Social Alternatives*, 35(4), 66.
- Greene, M. J. (2014). On the Inside Looking In: Methodological Insights and Challenges in Conducting Qualitative Insider Research. *The Qualitative Report*, 19(29), 1–13.
- Gregory-Wilson, R., Handsley, E., Spencer, L., & Raeburn, T. (2024). Out-of-home care, contact orders and infant mental health: Recognising a unique developmental stage in law, policy and practice. *The University of New South Wales Law Journal*, 47(1), 68–104.
- Gregory-Wilson, R., Spencer, L., Handsley, E., & Raeburn, T. (2022). Infant removal from birth parents- how does health information impact court decisions? A scoping review. *Collegian*, 29(3), 379-389.
- Hadjiosif, M. (2021). The ethos of the nourished wounded healer: A narrative inquiry. *European Journal of Psychotherapy & Counselling*, 23(1), 43-69.
- Hammersley, M. (2018). What is ethnography? Can it survive? Should it? *Ethnography and Education*, 13(1), 1-17.
- Hammersley, M., & Atkinson, P. (2019). *Ethnography: Principles in practice*. Routledge.

- Harding, L., Murray, K., Shakespeare-Finch, J., & Frey, R. (2020). The wellbeing of foster and kin carers: A comparative study. *Children and Youth Services Review*, 108, 104566.
- Harlow, E. (2021). Attachment theory: Developments, debates and recent applications in social work, social care and education. *Journal of Social Work Practice*, 35(1), 79–91.
- Harrison, C., Bahemia, C., & Henderson, D. (2020). Infant removal and the lack of representation for parents. *Children Australia*, 45(4), 215–221.
- Harrison, A., & Tronick, E. (2022). Intersubjectivity: conceptual considerations in meaning-making with a clinical illustration. *Frontiers in Psychology*, 12, 715873.
- Hazen, K. P., Carlson, M. W., Hatton-Bowers, H., Fessinger, M. B., Cole-Mossman, J., Bahm, J., ... & Gilkerson, L. (2020). Evaluating the facilitating attuned interactions (FAN) approach: Vicarious trauma, professional burnout, and reflective practice. *Children and Youth Services Review*, 112, 104925.
- Healy, K. (2020). Doing Critical Social Work: Transforming Practices for Social Justice, *Australian Social Work*, 73(3), vii-viii.
- Healy, K. (2022). *Social work theories in context: Creating frameworks for practice*. Bloomsbury Publishing.
- Heinonen, E., Knekt, P., Härkänen, T., Virtala, E., & Lindfors, O. (2018). Associations of early childhood adversities with mental disorders, psychological functioning, and suitability for psychotherapy in adulthood. *Psychiatry research*, 264, 366-373.
- Helm, D. (2016). Sense-making in a social work office: an ethnographic study of safeguarding judgements. *Child & Family Social Work*, 21(1), 26–35.
- Hendrix, E., Barusch, A., & Gringeri, C. (2021). Eats me alive!: Social workers reflect on practice in neoliberal contexts. *Social Work Education*, 40(2), 161-173.
- Hesse-Biber, S. (2022). Mixed methods research designs in qualitatively driven research. *The SAGE Handbook of Qualitative Research Design*, 618-635.
- Hestbæk, A. D., Höjer, I., Pösö, T., & Skivenes, M. (2020). Child welfare removal of infants: Exploring policies and principles for decision-making in Nordic countries. *Children and Youth Services Review*, 108, 104572.

- Hillen, T., & Gafson, L. (2015). Why good placements matter: pre-placement and placement risk factors associated with mental health disorders in pre-school children in care. *Clinical child psychology and psychiatry*, 20(3), 486-499.
- Hinshelwood, R. D. (2023). Unconscious Anxieties in Organizations. *The Psychology of Organizations and Workplace Issues: Resolving Everyday Conflicts*.
- Hoffman, K. (2015). Taking Refuge in the Family of Things: Exploring the Nature of Attachment. *The Arrow*, 2(Sept), 1 – 30.
- Hoffman, K., Cooper, G., & Powell, B. (2016). *Raising a secure child: How circle of security parenting can help you nurture your child's attachment, emotional resilience, and freedom to explore*. Guilford Publications.
- Hogg, S. (2019). Rare Jewels: Specialised parent-infant relationship teams in the UK. *London: Parent Infant Partnership UK*.
- Holmes, A. G. D. (2020). Researcher Positionality--A Consideration of Its Influence and Place in Qualitative Research--A New Researcher Guide. *Shanlax International Journal of Education*, 8(4), 1–10.
- Houston, S. & Marshall, G. (2020). Developing Anti-Oppressive Practice with the Person-in Society: Reflexivity and Social Work, *Irish Journal of Applied Social Studies: Vol. 20* (1), Article 2. doi: <https://doi.org/10.21427/js29-he30>
- Howe, D. (2017). Child abuse and neglect: Attachment, development and intervention.
- Huang, M. J. (2024). Are people more horrible than ghosts? Workplace haters and employee creativity. *Basic and Applied Social Psychology*, 46(3), 200–218.
- Hughes, M. (2022). Reflections: How studying organizational change lost its way. *Journal of Change Management*, 22(1), 8–25.
- Hughes, T., McGlade, A., & Killick, C. (2020). Does training enhance professional practice in infant mental health? *Practice*, 32(3), 229–244.
- Hunt, S., Goddard, C., Cooper, J., Littlechild, B., & Wild, J. (2016). 'If I feel like this, how does the child feel?' Child protection workers, management and organisational responses to parental violence. *Journal of social work practice*, 30(1), 5–24.

- Hunter, C., & Baxter, L. (2021). Ghosts in the organization. *Culture and Organization*, 27(4), 285–288.
- Hyslop, I., & Keddell, E. (2018). Outing the elephants: Exploring a new paradigm for child protection social work. *Social Sciences*, 7(7), 105.
- Ide, Y., & Beddoe, L. (2024). Challenging perspectives: Reflexivity as a critical approach to qualitative social work research. *Qualitative Social Work*, 23(4), 725-740.
- Imuta, K., Henry, J. D., Slaughter, V., Selcuk, B., & Ruffman, T. (2016). Theory of mind and prosocial behavior in childhood: A meta-analytic review. *Developmental psychology*, 52(8), 1192.
- Ingold, T. (2017). Anthropology contra ethnography. *HAU: Journal of ethnographic theory*, 7(1), 21–26.
- Ingram, R. (2015). Exploring emotions within formal and informal forums: Messages from social work practitioners. *The British Journal of Social Work*, 45(3), 896–913.
- Isokuortti, N., Aaltio, E., Laajasalo, T., & Barlow, J. (2020). Effectiveness of child protection practice models: a systematic review. *Child Abuse & Neglect*, 108, 104632.
- Ivec, M., Braithwaite, V., & Harris, N. (2019). *'Resetting the relationship' in Indigenous child protection: Public hope and private reality*. The Australian National University, Regulatory Institutions Network (RegNet).
- Izett, E., Rooney, R., Prescott, S. L., De Palma, M., & McDevitt, M. (2021). Prevention of Mental Health Difficulties for Children Aged 0-3 Years: A Review. *Frontiers in Psychology*, 11, 500361. <https://doi.org/10.3389/fpsyg.2020.500361>
- Jansen, A. (2018). 'It's so complex!: Understanding the challenges of child protection work as experienced by newly graduated professionals', *The British Journal of Social Work*, 48(6), pp. 1524–40.
- Jarrett, M., & Vince, R. (2024). Mitigating anxiety: The role of strategic leadership groups during radical organisational change. *Human Relations*, 77(8), 1178-1208.
- Jensen, A., & Aven, T. (2018). A new definition of complexity in a risk analysis setting. *Reliability Engineering & System Safety*, 171, 169-173.

- Jordan, J. V. (2017). Relational–cultural theory: The power of connection to transform our lives. *The Journal of Humanistic Counseling*, 56(3), 228-243.
- Kahn, W. A. (2019). Dynamics and implications of distress organizing. *Academy of Management Journal*, 62(5), 1471–1497.
- Kahn, W. A. (2022). Nobody home: A parallel process investigation of a child welfare agency. *Academy of Management Discoveries*, 8(4), 494–508.
- Katz, C. C., Julien-Chinn, F. J., & Wall, E. (2022). Perceptions of agency leadership and intent to stay: An examination of turnover in the child welfare workforce. *Journal of Public Child Welfare*, 16(3), 302-320.
- Keddell, E. (2017). Interpreting children’s best interests: Needs, attachment and decision-making. *Journal of Social Work*, 17(3), 324–342.
- 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.
- Kee, Y., Ming-Yeh, L., Merriam, S. B., Muhamad, M., Ntseane, G., & Johnson-Bailey, J. (2001). Power and positionality: Negotiating insider/outsider status within and across cultures. *International Journal of Lifelong Education*, 20(5), 405-416. <https://doi.org/10.1080/02601370120490My>
- Kemble, R. (2016). Infants in out-of-home care; exploration of the mental-health assessment needs of infants – pre-schoolers – entering out-of-home care through the child protection system and how this can be supported, *Social Work Focus*, 1(4), 34.
- Kennedy, S. (2020). *Seeing the Child in Child Protection Social Work*. Red Globe Press.
- Kincheloe, J. L., McLaren, P., Steinberg, S. R., & Monzó, L. (2018). Critical pedagogy and qualitative research. *The SAGE handbook of qualitative research*, 5, 235–260.
- Kiraly, M., James, J., & Humphreys, C. (2015). ‘It’s a family responsibility’: family and cultural connection for Aboriginal children in kinship care. *Children Australia*, 40(1), 23–32.
- Koggel, C. M. (2020). Feminist relational theory: the significance of oppression and structures of power: A commentary on “nondomination and the limits of relational

- autonomy” by Danielle M. Wenner. *IJFAB: International Journal of Feminist Approaches to Bioethics*, 13(2), 49-55.
- Koggel, C. M., Harbin, A., & Llewellyn, J. J. (2022). Feminist relational theory. *Journal of Global Ethics*, 18(1), 1-14.
- Køster, A. (2017). Mentalization, embodiment, and narrative: Critical comments on the social ontology of mentalization theory. *Theory & Psychology*, 27(4), 458–476.
- Kucharczyk, S., Sreckovic, M. A., & Schultz, T. R. (2019). Practical strategies to promote reflective practice when working with young children with and at-risk for disabilities. *Early Childhood Education Journal*, 47, 343-352.
- Laliberte Rudman D., Aldrich A. (2017). Discerning the social in individual stories of occupation through critical narrative inquiry. *Journal of Occupational Science*, 24(4), 470–481.
- Lamothe, J., Couvrette, A., Lebrun, G., Yale-Soulière, G., Roy, C., Guay, S., & Geoffrion, S. (2018). Violence against child protection workers: A study of workers’ experiences, attributions, and coping strategies. *Child abuse & neglect*, 81, 308-321.
- Lawrence, T. B., & Buchanan, S. (2017). Power, institutions and organizations. *The Sage handbook of organizational institutionalism*, 477–506.
- Lawrence, T. B., Schlindwein, E., Jalan, R., & Heaphy, E. D. (2023). Organizational body work: Efforts to shape human bodies in organizations. *Academy of Management Annals*, 17(1), 37–73.
- Lefevre, M. (2017). Learning and development journeys towards effective communication with children. *Child & Family Social Work*, 22(1), 86–96.
- Levitt, H. M., Ipekci, B., Morrill, Z., & Rizo, J. L. (2021). Intersubjective recognition as the methodological enactment of epistemic privilege: A critical basis for consensus and intersubjective confirmation procedures. *Qualitative Psychology*, 8(3), 407.
- Lewis, C., & Markwell, K. (2021). Drawing a line in the sand: The social impacts of an LGBTQI+ event in an Australian rural community. *Leisure Studies*, 40(2), 261–275.
- Levenson, J. (2017). Trauma-informed social work practice. *Social Work*, 62(2), 105–113.

- Liamputtong, P. (Ed.). (2019). *Handbook of research methods in health social sciences* (Vol. 10, pp. 978–981). Singapore: Springer.
- Lian Flem, A., Sewpaul, V., Juberg, A., & Vigen, K. (2023). Creating spaces for emancipatory praxis with social work students in a diverse classroom context. *Social Work Education, 42*(4), 577-594.
- Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). *"Don't Hit My Mommy!": A Manual for Child-parent Psychotherapy with Young Children Exposed to Violence and Other Trauma*. Zero to Three.
- Lima, F., Taplin, S., Maclean, M., & O'Donnell, M. (2024). Infants entering out-of-home care: Health, developmental needs and service provision. *Child Abuse & Neglect, 149*, 106577.
- Little, M., & Mount, K. (2018). *Prevention and early intervention with children in need*. Routledge.
- Lionetti, F., Pastore, M., & Barone, L. (2015). Attachment in institutionalized children: A review and meta-analysis. *Child abuse & neglect, 42*, 135-145.
- Lochmiller, C.R. (2021). Conducting Thematic Analysis with Qualitative Data. *The Qualitative Report*.
- Lohoar, S., Butera, N., & Kennedy, E. (2014). Strengths of Australian Aboriginal cultural practices in family life and child-rearing.
- Lonne, B., Russ, E., Harrison, C., Morley, L., Harries, M., Robertson, S., ... & Smith, J. (2021). The "Front Door" to child protection—issues and innovations. *International journal on child maltreatment: research, policy and practice, 3*, 351-367
- Lumsden, E. (2021). Infants and Young Children in Alternative Care. *Global Childhoods, 527*.
- Lynøe, N., Juth, N., & Eriksson, A. (2019, May). From child protection to paradigm protection—the genesis, development, and defense of a scientific paradigm. In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* (Vol. 44, No. 3, pp. 378-390). US: Oxford University Press.
- Lyons-Ruth, K. (2015). Dissociation and the parent-infant dialogue: A longitudinal perspective from attachment research. *Attachment, 9*(3), 253–276.

- Lyons-Ruth, K., Li, F. H., Khoury, J. E., Ahtam, B., Sisitsky, M., Ou, Y., ... & Grant, E. (2023). Maternal childhood abuse versus neglect associated with differential patterns of infant brain development. *Research on child and adolescent psychopathology*, 51(12), 1919-1932.
- Lyons-Ruth, K., Todd Manly, J., Von Klitzing, K., Tamminen, T., Emde, R., Fitzgerald, H., Campbell, P., Keren, M., Berg, A., Foley, M., & Watanabe, H. (2017). The worldwide burden of infant mental and emotional disorder: report of the task force of the World Association for Infant Mental Health. *Infant Mental Health Journal*, 38(6), 695–705.
- MacAulay, K. D., Yue, A. R., & Thurlow, A. B. (2010). Ghosts in the hallways: Unseen actors and organizational change. *Journal of Change Management*, 10(4), 335–346.
- Mares, S., & McMahon, C. (2020). Attachment security: influences on social and emotional competence, executive functioning and readiness for school. *Health and education interdependence: thriving from birth to adulthood*, 55–74.
- Markman, H. C. (2020). Embodied attunement and participation. *Journal of the American Psychoanalytic Association*, 68(5), 807-834.
- Marsh, C. A., Browne, J., Taylor, J., & Davis, D. (2019). Making the hidden seen: A narrative analysis of the experiences of Assumption of Care at birth. *Women and Birth*, 32(1), e1-e11.
- Martin, B., & Healy, J. (2010). Who works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services, *Report to Community and Disability Services Ministers Advisory Council*.
- Mason, C., Robertson, L., & Broadhurst, K. (2019). Pre-birth Assessment and Infant Removal at Birth: Experiences and Challenges- A Literature Review. *London: Nuffield Foundation*.
- Mason, C., Broadhurst, K., Ward, H., Barnett, A., & Holmes, L. (2022). Born into Care: Developing best practice guidelines for when the state intervenes at birth. *Nuffield Family Justice Observatory*.

- Mathieson, B. (2024). *Occupational culture, accommodation, and decision-making: South-East Queensland child protection worker perspectives* (Doctoral dissertation, Queensland University of Technology).
- Mauthner, N. S. (2021). Karen Barad's posthumanist relational ontology: an intra-active approach to theorising and studying family practices. *Families, Relationships and Societies*, 10(1), 33-49.
- Maxwell, J. A. (2022). Interactive approaches to qualitative research design. *The Sage handbook of qualitative research design*, 41–54.
- McCafferty, P. (2022). "Do I read it? No". Knowledge utilisation in child welfare decisions. *Child Care in Practice*, 28(3), 438–463.
- McCafferty, P., & Taylor, B. J. (2022). Barriers to knowledge acquisition and utilisation in child welfare decisions: A qualitative study. *Journal of Social Work*, 22(1), 87–108.
- McCormack, L., & Issaakidis, G. L. (2018). Complex trauma in childhood; psychological growth in adulthood: Making sense of the 'lived' experience of out-of-home-care. *Traumatology*, 24(2), 131.
- McDonough, S. (2005). Interaction guidance. *Treating Parent-Infant Relationship Problems: Strategies for Intervention*, 79.
- McFadyen, A., Armstrong, V. G., Masterson, K., & Anderson, B. (2022). The voice of the infant. *Infant Observation*, 25(2), 104–122.
- McGregor, C., & Devaney, C. (2020). A framework to inform protective support and supportive protection in child protection and welfare practice and supervision. *Social Sciences*, 9(4), 43.
- McIntosh, J., Newman, L., & George, C. (2023). In conversation: transgenerational attachment trauma, the infant, and the family therapist. *Australian and New Zealand Journal of Family Therapy*, 44(4), 455–466.
- McIntosh, J. E., Tan, E. S., Levendosky, A. A., & Holtzworth-Munroe, A. (2021). Mothers' experience of intimate partner violence and subsequent offspring attachment security ages 1–5 years: A meta-analysis. *Trauma, Violence, & Abuse*, 22(4), 885–899.

- McKenna, K. (2023, May 6). Leaked report shows Queensland child safety staff believe caseloads are 'unsustainable' and 'problematic', ABC News, <https://www.abc.net.au/news/2023-05-06/qld-department-of-child-safety-report-case-loads/102308842>
- McKeown, M. H. L., & Yeung, E. Y. W. (2023). Deepening our understanding of reflective practice in a safeguarding child protection and welfare context. *Practice*, 35(2), 153–167.
- McLaughlin, A. M., Gray, E., & Wilson, M. (2015). Child welfare workers and social justice: Mending the disconnect. *Children and Youth Services Review*, 59, 177–183.
- McMahon, M. (2017). Lotjpa-nhanuk: Indigenous Australian child-rearing discourses. PhD thesis, Bundoora: La Trobe University.
- Middleton, J. S., Bloom, S. L., Strolin-Goltzman, J., & Caringi, J. (2019). Trauma-informed care and the public child welfare system: The challenges of shifting paradigms: Introduction to the special issue on trauma-informed care. *Journal of Public Child Welfare*, 13(3), 235–244.
- Miller, S. C. (2022). Toward a relational theory of harm: on the ethical implications of childhood psychological abuse. *Journal of Global Ethics*, 18(1), 15-31.
- Miller, L., Randle, M., & Dolnicar, S. (2019). Carer factors associated with foster-placement success and breakdown. *The british journal of social work*, 49(2), 503-522.
- Mesman, J., Van Ijzendoorn, M. H., & Sagi-Schwartz, A. (2016). Cross-cultural patterns of attachment. *Handbook of attachment: Theory, research, and clinical applications*, 3, 852-877.
- Mikulincer, M., & Shaver, P. R. (2017). Augmenting the sense of attachment security in group contexts: The effects of a responsive leader and a cohesive group. *International Journal of Group Psychotherapy*, 67(2), 161-175.
- Miller, L., Randle, M., & Dolnicar, S. (2019). Carer factors associated with foster-placement success and breakdown. *The british journal of social work*, 49(2), 503-522.
- Milner, J., & Kelly, D. (2021). The need for justice in child welfare. *Child Welfare*, 99(3), 1–30.

- Milroy, H. (2014). Understanding the lives of Aboriginal children and families. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, P. Dudgeon, H. Milroy, and R. Walker, Editors, 373–82.
- Mitchell, S. A. (2022). *Relationality: From attachment to intersubjectivity*. Routledge. Treva
- Modderman, C., McMahon, M., Threlkeld, G., & McPherson, L. (2021). Transnational social workers' understanding of Australian First Nations perspectives in statutory child protection. *Australian Social Work*, 74(4), 394–406.
- Moll, H., Pueschel, E., Ni, Q., & Little, A. (2021). Sharing experiences in infancy: from primary intersubjectivity to shared intentionality. *Frontiers in Psychology*, 12, 667679.
- Molnar, B. E., Meeker, S. A., Manners, K., Tieszen, L., Kalergis, K., Fine, J. E., ... & Wells, M. K. (2020). Vicarious traumatization among child welfare and child protection professionals: A systematic review. *Child Abuse & Neglect*, 110, 104679.
- Morgans, A., & Allen, F. (2015). Getting ethics committee approval for research: A beginner's guide. *Australasian Journal of Paramedicine*, 3(3).
- Morley, C., & Beekman, R. (2024). Transformative Social Work Education: Using Critical Reflection To Develop Culturally Safe Practice. In *Transformative Social Work: Practices for Academic Settings* (pp. 269-289). Columbia University Press.
- Morley, C., & O'Bree, C. (2021). Critical reflection: An imperative skill for social work practice in neoliberal organisations? *Social sciences*, 10(3), 97.
- Morley, L. (2022). Contemporary practitioner experiences of relational social work: The case of child welfare. *Australian Social Work*, 75(4), 458–470.
- Morris, L. (2021). Love as an act of resistance: Ethical subversion in early childhood professional practice in England. *Contemporary Issues in Early Childhood*, 22(2), 124–139.
- Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., ... & Webb, C. (2018). Social work, poverty, and child welfare interventions. *Child & Family Social Work*, 23(3), 364-372.

- Morriss, L. (2024). Themes do not emerge. An editor's reflections on the use of Braun and Clarke's thematic analysis. *Qualitative Social Work*, 0(0), 14733250241277355. <https://doi.org/10.1177/14733250241277355>
- Muhr, S. L., & Salem, A. (2013). Specters of colonialism—illusionary equality and the forgetting of history in a Swedish organization. *Management & Organizational History*, 8(1), 62-76.
- Munro, E. (2019). Decision-making under uncertainty in child protection: Creating a just and learning culture. *Child & Family Social Work*, 24(1), 123–130.
- Murphy, C. (2022). 'I don't want my face on the front page of The Sun': the 'Baby P effect' as a barrier to social worker discretion. *Journal of Children's Services*, 17(1), 45–58.
- Murray, L. (2018). There's no such thing as a baby: how relationships support development from birth to two. In *Donald W. Winnicott and the History of the Present* (pp. 49–61). Routledge.
- Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, 22, 16094069231205789.
- Nettleton, S. (2020). *The sociology of health and illness*. John Wiley & Sons.
- Nogrady, B. (2019). Trauma of Australia's Indigenous 'Stolen Generations' is still affecting children today. *Nature*, 570(7762), 423–425.
- Norman, A., & Byrne, J. (2021). Symbolic gesturing: creating opportunities for emotional connections between practitioners and infants in day care. *Early Child Development and Care*, 191(10), 1577–1589.
- Norman-Murch, T., & Wollenburg, K. (2000). An integrated approach to supporting professional development through in-service education and supervision. *Zero to Three*, 20(6), 17–22.
- Ntinda, K. (2019). Narrative research. *Handbook of Research Methods in Health Social Sciences*, Singapore: Springer Nature Singapore Pte Ltd, 412.

- Oates, F. (2019). You are not allowed to tell: Organisational culture as a barrier for child protection workers seeking assistance for traumatic stress symptomology. *Children Australia*, 44(2), 84–90.
- Oates, F. (2022). *Trauma Informed Support and Supervision for Child Protection Professionals: A Model for Those Working with Children who Have Experienced Trauma, Abuse and Neglect and Their Families*. Routledge.
- O'Donnell, M., Lima, F., Maclean, M., Marriott, R., & Taplin, S. (2023). Infant and pre-birth involvement with child protection across Australia. *Child maltreatment*, 28(4), 608–620.
- O'Donnell, M., Taplin, S., Marriott, R., Lima, F., & Stanley, F. J. (2019). Infant removals: The need to address the over-representation of Aboriginal infants and community concerns of another 'stolen generation'. *Child abuse & neglect*, 90, 88–98.
- Olsvik, B. S., & Saus, M. (2022). Coping with paradoxes: Norwegian child welfare leaders managing complexity. *Child Care in Practice*, 28(3), 464–481.
- Oppenheim, D., & Koren-Karie, N. (2021). Parental Insightfulness and Parent–Child Emotion Dialogues. *Attachment: The fundamental questions*, 120.
- Osborne, N., & Grant-Smith, D. (2021). In-depth interviewing. In *Methods in urban analysis* (pp. 105–125). Singapore: Springer Singapore.
- Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. (Eds.). (2024a). *WAIMH Handbook of Infant and Early Childhood Mental Health (Vol 1): Biopsychosocial factors affecting infants and early childhood*. Cham, Switzerland: Springer Nature Switzerland AG.
- Osofsky, J. D., Fitzgerald, H. E., Keren, M., & Puura, K. (Eds.). (2024b). *WAIMH Handbook of Infant and Early Childhood Mental Health: Cultural Context, Prevention, Intervention, and Treatment. Volume Two*. Springer Nature.
- O'Sullivan, N. (2019). Creating space to think and feel in child protection social work: a psychodynamic intervention. *Journal of Social Work Practice*, 33(1), 15–25.
- O'Sullivan, D., Rahamathulla, M., & Pawar, M. (2020). The impact and implications of COVID-19: An Australian perspective. *The International Journal of Community and Social Development*, 2(2), 134–151.

- Padgett, D. K. (2017). *Qualitative methods in social work research* (3rd edn). Sage Publications.
- Paradies, Y. (2016). Colonisation, racism and Indigenous health. *Journal of Population Research*, 33(1), 83–96.
- Park, T., & Pierce, B. (2020). Impacts of transformational leadership on turnover intention of child welfare workers. *Children and Youth Services Review*, 108, 104624.
- Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE research methods foundations*.
- Parton, N. (2016). The contemporary politics of child protection: Part two (the BASPCAN Founder's Lecture 2015). *Child Abuse Review*, 25(1), 9–16.
- Parton, N. (2017). Concerns about risk as a major driver of professional practice. In *Beyond the Risk Paradigm in Child Protection: Current Debates and New Directions* (pp. 3–14). Palgrave Macmillan Ltd.
- Parton, N. (2020). Addressing the relatively autonomous relationship between child maltreatment and child protection policies and practices. *International journal on child maltreatment: research, policy and practice*, 3(1), 19–34.
- Paquette, M., & Terradas, M. M. (2018). Object relations and free play among children in residential care who have experienced early relational trauma. *Devenir*, 30(2), 125–146.
- Perry, D. (2022). *Cost Of Caring*. Austin Macauley Publisher.
- Petriglieri, G., & Petriglieri, J. L. (2020). The return of the oppressed: A systems psychodynamic approach to organization studies. *Academy of Management Annals*, 14(1), 411–449.
- Piel, M. H., Geiger, J. M., Julien-Chinn, F. J., & Lietz, C. A. (2017). An ecological systems approach to understanding social support in foster family resilience. *Child & Family Social Work*, 22(2), 1034–1043.
- Pino Gavidia, L. A., & Adu, J. (2022). Critical narrative inquiry: An examination of a methodological approach. *International Journal of Qualitative Methods*, 21, 16094069221081594.

- Pitillas, C., & Berástegui, A. (2021). Enhancing caregiving in traumatized families: An attachment-centered approach to working with parent groups. *Family process, 60*(4), 1568-1583.
- Porges, S. W., & Carter, C. S. (2017). Polyvagal theory and the social engagement system. *Complementary and integrative treatments in psychiatric practice, 221*.
- Porges, S. W., & Porges, S. (2023). *Our polyvagal world: How safety and trauma change us*. WW Norton & Company.
- Potipiroon, W., & Ford, M. T. (2017). Does public service motivation always lead to organizational commitment? Examining the moderating roles of intrinsic motivation and ethical leadership. *Public Personnel Management, 46*(3), 211-238.
- Prato-Previde, E., Basso Ricci, E., & Colombo, E. S. (2022). The Complexity of the Human–Animal Bond: Empathy, Attachment, and Anthropomorphism in Human-Animal Relationships and Animal Hoarding. *Animals, 12*(20), 2835.
- Price, M., & Ellis, J. (2020). Taking action to keep the infant in mind. *International Journal of Birth & Parent Education, 8*(1).
- Priddis, L. E., Matacz, R., & Weatherston, D. (2015). Building a workforce competency-based training program in infant/early childhood mental health. *Infant Mental Health Journal, 36*(6), 623–631.
- Pritchett, R., McKinnon, W., Gillberg, C., & Minnis, H. (2015). Mental health of infants in care. *Archives of disease in childhood, 100*(1), 113–113.
- Putnam-Hornstein, E., Simon, J. D., Eastman, A. L., & Magruder, J. (2015). Risk of re-reporting among infants who remain at home following alleged maltreatment. *Child maltreatment, 20*(2), 92–103.
- Queensland Government (2019) *and Kinship care*. Retrieved from:
<https://www.qld.gov.au/community/caring-child/-kinship-care>
- Queensland Government (2011). *Community Child and Youth Mental Health Service Model of Service*, Queensland Public Mental Health Services.

- Race, T., & O'Keefe, R. (2017). *Child-centred practice: A handbook for social work*. Bloomsbury Publishing.
- Rampazo, A. V., Saraiva, L. A. S., Souza, E. M. D., Brewis, J., & O'Shea, S. (2022). Breaking Hegemonies Over Bodies And Organizations. *Revista de Administração de Empresas*, 62, e0000-0022.
- Ransley, R., Slead, M., Baradon, T., & Fonagy, P. (2019). "What support would you find helpful?" The relationship between treatment expectations, therapeutic engagement, and clinical outcomes in parent–infant psychotherapy. *Infant Mental Health Journal*, 40(4), 557–572.
- Rappoport, E. (2015). Somatic Experiencing and Embodied Mentalization. *Relational psychoanalysis and psychotherapy integration: An evolving synergy*, 136.
- Reeves, C. (2018). Can the state ever be a "good-enough parent"? In *Broken Bounds* (pp. 37–60). Routledge.
- Robinson, F. (2020). Resisting hierarchies through relationality in the ethics of care. *International Journal of Care and Caring*, 4(1), 11–23.
- Rogers, C. R. (1963). Toward a science of the person. *Journal of Humanistic Psychology*, 3(2), 72–92.
- Rogowski, S. (2024). *Critical social work with children and families: Theory, context and practice*. Policy Press.
- Rollins, W. E. (2017). *Social work-client relationship practice: exploring social worker perspectives* (Doctoral dissertation, Monash University).
- Ruch, G., Turney, D., & Ward, A. (2018). (Eds) *Relationship-based social work: Getting to the heart of practice*. Jessica Kingsley Publishers.
- Ruch, G., Winter, K., Morrison, F., Hadfield, M., Hallett, S., & Cree, V. (2020). From communication to co-operation: Reconceptualizing social workers' engagement with children. *Child & Family Social Work*, 25(2), 430–438.
- Russ, E., Lonne, B., & Lynch, D. (2020). Increasing child protection workforce retention through promoting a relational-reflective framework for resilience. *Child abuse & neglect*, 110, 104245.

- Saldaña, J. (2021). *The coding manual for qualitative researchers*.
- Saltiel, D. (2015). Observing front-line decision-making in child protection. *British Journal of Social Work*, 46(7), 2104–2119.
- Saint-Georges, C., Chetouani, M., Cassel, R., Apicella, F., Mahdhaoui, A., Muratori, F., ... & Cohen, D. (2013). Motherese in interaction: at the cross-road of emotion and cognition? (A systematic review). *PloS one*, 8(10).
- Salveron, M., Bromfield, L., Kirika, C., Simmons, J., Murphy, T., & Turnell, A. (2015). 'Changing the way we do child protection': The implementation of Signs of Safety® within the Western Australia Department for Child Protection and Family Support. *Children and Youth Services Review*, 48, 126–139.
- Sanders, M. R., & Thompson, G. S. (2021). *Polyvagal Theory and the Developing Child: Systems of Care for Strengthening Kids, Families, and Communities (IPNB)*. WW Norton & Company.
- Schore, A. N. (2021). The interpersonal neurobiology of intersubjectivity. *Frontiers in Psychology*, 12, 648616.
- Schore, A. N. (2022). Attachment trauma and the developing right brain: origins of pathological dissociation and some implications for psychotherapy. In *Dissociation and the Dissociative Disorders* (pp. 177-208). Routledge.
- Segal, E. A., Gerdes, K. E., Lietz, C. A., Wagaman, M. A., & Geiger, J. M. (2017). *Assessing empathy*. Columbia University Press.
- Shai, D., Laor Black, A., Spencer, R., Sled, M., Baradon, T., Nolte, T., & Fonagy, P. (2022). Trust me! Parental embodied mentalizing predicts infant cognitive and language development in longitudinal follow-up. *Frontiers in Psychology*, 13, 867134.
- Shapiro, J. R., & Applegate, J. S. (2018). *Neurobiology for Clinical Social Work: Theory and Practice* (Norton Series on Interpersonal Neurobiology). WW Norton & Company.
- Shaheen, M., & Pradhan, S. (2019). Sampling in qualitative research. In *Qualitative techniques for workplace data analysis* (pp. 25–51). IGI Global.
- Shea, S. E. (2019). Reflective supervision for social work field instructors: Lessons learned from infant mental health. *Clinical Social Work Journal*, 47(1), 61–71.

- Shea, S. E., Jester, J. M., Huth-Bocks, A. C., Weatherston, D. J., Muzik, M., Rosenblum, K. L., & Michigan Collaborative for Infant Mental Health Research. (2020). Infant mental health home visiting therapists' reflective supervision self-efficacy in community practice settings. *Infant Mental Health Journal, 41*(2), 191–205.
- Sheller, M. (2017). From spatial turn to mobilities turn. *Current Sociology, 65*(4), 623–639.
- Shier, M. L., Graham, J. R., & Nicholas, D. (2018). Interpersonal interactions, workplace violence, and occupational health outcomes among social workers. *Journal of Social Work, 18*(5), 525–547.
- Shilling, C. (2016). *The Body: A very short introduction*. Oxford University Press.
- Shireman, J. F. (2015). *Critical issues in child welfare*. Columbia University Press.
- Shoesmith, S. (2016). *Learning from Baby P: The politics of blame, fear and denial*. Jessica Kingsley Publishers.
- Shonkoff, J. P. (2015). The neurobiology of early childhood development and the foundation of a sustainable society. *Investing against evidence, 55*.
- Shulman, G. (2019). Through the lens of infant observation: Some reflections on teaching infant observation and its applications to professionals working with infants. *Infant Observation, 22*(1), 4–20.
- Siegel, D. J. (2016). *Mind: A Journey to the Heart of Being Human* (Norton Series on Interpersonal Neurobiology). WW Norton & Company.
- Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Publications.
- Simpson, T. E., Condon, E., Price, R. M., Finch, B. K., Sadler, L. S., & Ordway, M. R. (2016). Demystifying Infant Mental Health: What the Primary Care Provider Needs to Know. *Journal of pediatric health care: official publication of National Association of Pediatric Nurse Associates & Practitioners, 30*(1), 38–48.
- Skivenes, M., & Sørdsal, L. M. (2018). The child's best interest principle across child protection jurisdictions. *Human rights in child protection: Implications for professional practice and policy, 59-88*.

- Slade, A. (2018). The place of fear in attachment theory and psychoanalysis: the fifteenth John Bowlby Memorial Lecture. In *Terror Within and Without* (pp. 39–57). Routledge.
- Smith, D. (2018). What is the body without organs? Machine and organism in Deleuze and Guattari. *Continental Philosophy Review*, 51, 95–110.
- Smyke, A. T., & Breidenstine, A. S. (2018). Care in early childhood. In C. Zeanah (Ed.) *Handbook of infant mental health*, (3rd ed., pp. 500-515). Guilford Press.
- SNAICC (2020) The Family Matters report 2020: measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home-care in Australia. Melbourne. Vic.: SNAICC
- Staller, K. M. (2021). Big enough? Sampling in qualitative inquiry. *Qualitative Social Work*, 20(4), 897-904.
- Stein, M. (2021). Defences against anxiety. In *An Introduction to Systems Psychodynamics* (pp. 226–244). Routledge.
- Stern, D. N. (2018a). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. Routledge.
- Stern, D. N. (2018b). The relevance of empirical infant research to psychoanalytic theory and practice. In *Clinical and Observational Psychoanalytic Research* (pp. 73-90). Routledge.
- Stern, D. N. (2020). *The motherhood constellation: A unified view of parent-infant psychotherapy*. Routledge.
- Stevens, E., & Gahan, L. (2024). Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research: grounded theory procedures and techniques.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2022). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.
- Summers, F. (2024). *Object relations theories and psychopathology: A comprehensive text*. Routledge.

- Svrakic, D. M., & Zorumski, C. F. (2021). Neuroscience of Object Relations in Health and Disorder: A Proposal for an Integrative Model. *Frontiers in Psychology, 12*, 583743. <https://doi.org/10.3389/fpsyg.2021.583743>
- Teh, Y. Y., & Lek, E. (2018). Culture and reflexivity: Systemic journeys with a British Chinese family. *Journal of Family Therapy, 40*(4), 520-536.
- Terrace, H. S., Bigelow, A. E., & Beebe, B. (2022). Intersubjectivity and the emergence of words. *Frontiers in Psychology, 13*, 693139.
- Thomas, K. (2017). The lost children: Why the united nations is wrong about Australian child protection. *Policy: A Journal of Public Policy and Ideas, 33*(1), 16.
- Thomson, J. (2016). The mission of critical social work and the statutory child protection system in Australia: Resisting neoliberal encroachment. *Social Alternatives, 35* (4), 59–65.
- Thomson-Salo, F. (2018). *Engaging Infants: Embodied Communication in Short-Term Infant-Parent Therapy*. Routledge.
- Thomson-Salo, F., & Campbell, P. (Eds.). (2018). *The baby as subject*. Routledge.
- Thompson, R. A. (2024). Attachment Theory and Early Childhood Mental Health. *WAIMH Handbook of Infant and Early Childhood Mental Health: Biopsychosocial Factors, Volume One*, 255–274.
- Tisdall, E. K. M., Morrison, F., & Warburton, J. (2021). Challenging undue influence? Rethinking children's participation in contested child contact. *Journal of Social Welfare and Family Law, 43*(1), 8–22.
- Trainor, L. R., & Bundon, A. (2021). Developing the craft: Reflexive accounts of doing reflexive thematic analysis. *Qualitative research in sport, exercise and health, 13*(5), 705-726.
- Trigueros-Cervantes, C., Rivera-García, E., & Rivera-Trigueros, I. (2017). The use of NVivo in the different stages of qualitative research. In *International Symposium on Qualitative Research* (pp. 381-392). Springer, Cham.
- Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. Routledge.

- Tronto, J. C. (2013). *Caring democracy: Markets, equality, and justice*. New York University Press.
- Trowell, J. (2018). The wider applications of infant observation. In *The Legacy of Winnicott* (pp. 79–88). Routledge.
- Trunkenpolz, K. (2020). Tavistock observation method. In *Analyzing Group Interactions* (pp. 190-201). Routledge.
- Uljée, R. (2023). The unconscious and the transcendental: Husserlian phenomenology in intersubjective systems theory. *Front. Psychol.* 14:1282640. doi: 10.3389/fpsyg.2023.1282640
- Vachon, W. (2020). From Experience: Child and Youth Care, Lived Experience, and Wounded Practitioners. *Relational Child and Youth Care Practices*, 33(1), 19–35.
- Van Manen, M. (2023). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
- Van Manen, M. A. (2017). The first cry of the child. *Qualitative Health Research*, 27(7), 1069–1076.
- Våpenstad EV and Bakkenget B (2021) Pre-verbal Children’s Participation in a New Key. How Intersubjectivity Can Contribute to Understanding and Implementation of Child Rights in Early Childhood. *Front. Psychol.* 12:668015. doi:10.3389/fpsyg.2021.668015
- Vasileva, M., & Petermann, F. (2018). Attachment, development, and mental health in abused and neglected preschool children in care: A meta-analysis. *Trauma, Violence, & Abuse*, 19(4), 443-458.
- Venables, J., Povey, J., Boman, M., Healy, K., Baxter, J., Austerberry, S., & Thompson, K. (2023). Navigating the Australian child protection system: The importance of formal and informal support for carers to effectively provide care to children in out-of-home care. *Child & Family Social Work*.
- Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., ... & Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The lancet*, 387(10017), 475-490.

- Vittikh, V. A. (2015). Introduction to the theory of intersubjective management. *Group Decision and Negotiation*, 24(1), 67-95.
- Vogel Campanello, M., Niehaus, S., Pisoni, D., Röthlisberger, M., & Mitrovic, T. (2021). Welfare practice in response of child neglect: Reconstruction and analysis of the discourses on family, childrearing, and motherhood. *Advances in Applied Sociology*, 11(01), 34-47.
- Wakelyn, J. (2019). Observation and attention in professional network meetings for children in care. *Infant Observation*, 22(2-3), 120–134.
- Warwick, L., Beddoe, L., Leigh, J., Disney, T., Ferguson, H., & Cooner, T. S. (2023). The power of relationship-based supervision in supporting social work retention: A case study from long-term ethnographic research in child protection. *Qualitative Social Work*, 22(5), 879–898.
- Waterhouse, L., & McGhee, J. (2015). Practitioner–mother relationships and the processes that bind them. *Child & Family Social Work*, 20(2), 244–251.
- Weatherston, D. J., & Browne, J. V. (2016). What is infant mental health and why is it important for high-risk infants and their families?. *Newborn and infant nursing reviews*, 16(4), 259–263.
- Weatherston, D., Maguire, C., & Matacz, R. (2024). Infant Mental Health: An Attuned Developmental, Clinical, and Relational Service in accordance with the Fraiberg Model. In *WAIMH Handbook of Infant and Early Childhood Mental Health: Cultural Context, Prevention, Intervention, and Treatment, Volume Two* (pp. 251–269). Cham: Springer International Publishing.
- Weatherston, D. J., Ribaud, J., & Michigan Collaborative for Infant Mental Health Research. (2020). The Michigan Infant Mental Health Home Visiting Model. *Infant Mental Health Journal*, 41(2), 166–177. <https://doi.org/10.1002/imhj.21838>
- Wendt, S., & Moulding, N. (2017). The Current State of Feminism and Social Work. *Australian Social Work* Vol 70(3): 261–262.

- White, H., & Saran, A. (2022). UNICEF Strategic Plan 2018-2021 Goal Area 3: Every Child Is Protected from Violence and Exploitation. Evidence and Gap Map Research Brief. Innocenti Research Brief 2022-06. *UNICEF Office of Research-Innocenti*.
- White S, Wastall D, Matthew G, et al. (2019). Reassessing Attachment Theory in Child Welfare. 1 edition. Policy Press
- Wilcox, D. T., & Baim, C. (2016). Applications of the dynamic-maturational model of attachment with children involved in care and family proceedings. *Child abuse review*, 25(4), 287–299.
- Wild, J. (2023). Gendered discourses of responsibility and domestic abuse victim-blame in the English children's social care system. *Journal of family violence*, 38(7), 1391–1403.
- Williams Kapten, S. (2020). Power, powerlessness, and the parallel process. *Journal of Psychotherapy Integration*, 30(1), 147.
- Wilkins, D. (2017). How is supervision recorded in child and family social work? An analysis of 244 written records of formal supervision. *Child and Family Social Work*, 22(3), 1130–1140.
- Wilkins, D., Forrester, D., & Grant, L. (2017). What happens in child and family social work supervision? *Child & Family Social Work*, 22(2), 942–951.
- Wilson, S. (2020). *Research is ceremony: Indigenous research methods*. Fernwood Publishing.
- Winnicott, D. W. (1957). *Mother and child: A primer of first relationships*. Basic Books.
- Winning, J. (2023). The use of an object: exploring physician burnout through object relations theory. *Medical Humanities*, 49(3), 340–346.
- Winstanley, S., & Hales, L. (2014). A preliminary study of burnout in residential social workers experiencing workplace aggression: Might it be cyclical? *British Journal of Social Work*, 45(1), 24–33.
- Winter, K., Morrison, F., Cree, V., Ruch, G., Hadfield, M., & Hallett, S. (2018). Emotional labour in social workers' encounters with children and their families. *The British Journal of Social Work*, 49(1), 217–233.

- Wise, S., & Corrales, T. (2023). Discussion of the knowns and unknowns of child protection during pregnancy in Australia. *Australian Social Work, 76*(2), 173-185.
- Wise, S., King, J., Sleight, J., Omerogullari, S., Samuels, L., Morris, A., & Skeen, T. (2024). An Aboriginal-led, systemic solution to Aboriginal baby removals in Australia: Development of the Bringing Up Aboriginal Babies at Home program. *Children and Youth Services Review, 161*, 107668.
- Wright, M. (2014). Reframing Aboriginal family caregiving. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice, P. Dudgeon, H. Milroy, and R. Walker, Editors*, 243–256.
- Wu, C. H., & Parker, S. K. (2017). The role of leader support in facilitating proactive work behavior: A perspective from attachment theory. *Journal of Management, 43*(4), 1025-1049.
- Wulczyn, F. (2020). Foster care in a life course perspective. *The ANNALS of the American Academy of Political and Social Science, 692*(1), 227–252.
- Yamagata-Lynch, L. C., Do, J., Deshpande, D., Skutnik, A. L., Murphy, B. K., & Garty, E. (2017). Narrative Inquiry With Activity Systems: A Story About Net Neutrality. *International Journal of Qualitative Methods, 16*(1). <https://doi.org/10.1177/1609406917704352>
- Yarger, H. A., Bronfman, E., Carlson, E., & Dozier, M. (2020). Intervening with attachment and biobehavioral catch-up to decrease disrupted parenting behavior and attachment disorganization: The role of parental withdrawal. *Development and Psychopathology, 32*(3), 1139-1148.
- Yip, S. Y. (2023). Positionality and reflexivity: Negotiating insider-outsider positions within and across cultures. *International Journal of Research & Method in Education, 1-11*. <https://doi.org/10.1080/1743727X.2023.2266375>
- Yip, J., Ehrhardt, K., Black, H., & Walker, D. O. (2018). Attachment theory at work: A review and directions for future research. *Journal of Organizational Behavior, 39*(2), 185-198.

- Young, S., McKenzie, M., Omre, C., Schjelderup, L., & Walker, S. (2020). 'Warm Eyes', 'Warm Breath', 'Heart Warmth': Using Aroha (Love) and Warmth to Reconceptualise and Work towards Best Interests in Child Protection. *Social Sciences*, 9(4), 54.
- Zajac, L., Raby, K. L., & Dozier, M. (2019). Attachment state of mind and childhood experiences of maltreatment as predictors of sensitive care from infancy through middle childhood: Results from a longitudinal study of parents involved with Child Protective Services. *Development and psychopathology*, 31(1), 113-125.
- Zeanah, C. H., & Dozier, M. (2021). Attachment and foster care. *Attachment: The fundamental questions*, 373-380.
- Zeanah, C. H., & Gleason, M. M. (2021). Attachment Disorders in Early Childhood: Clinical Presentation, Causes, Correlates, and Treatment. *Attachment Theory and Research: A Reader*, 184.
- Zeanah, C. H., Korfmacher, J., Lim, I., Steier, A., & Zeanah, P. D. (2023). Ethical dilemmas in infant mental health: Examples from child protection, home visiting, and medical contexts. *Infant Mental Health Journal*, 44(5), 614-624.
- Zilberstein K. (2021). Trauma in Context: an Integrative Treatment Model. *Journal of child & adolescent trauma*, 15(2), 487–500. <https://doi.org/10.1007/s40653-021-00416-3>
- Zuchowski, I. (2019). Five years after Carmody: Practitioners' views of changes, challenges and research in child protection. *Children Australia*, 44(3), 146-153.

Appendix 1: Human Research Ethics Approval



11 May 2021

Dr Dyann Ross | Dr Peter Innes | Dr Fiona Oates | Ms Robyn Kemble

Dear Investigators

Human research ethics approval for research project: Exploring practitioner understanding of their relationship with the infant in, or at risk of being in, out of home care (S211550).

This letter is to confirm that the Chair of the USC Human Research Ethics Committee (HREC) has reviewed and granted expedited ethics approval for this project subject to the standard conditions of approval listed below.

The period of ethics approval is from 11 May 2021 to 11 May 2024. The ethics approval number for the project is S211550. This number should be quoted in your Research Project Information Sheet and in any written communication with participants.

The USC HREC will review this approval at its next meeting and should there be any variation of the conditions of approval, you will be informed.

Ethics approval indicates that this project meets the requirements of the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)*. This does not negate the need for other approvals where relevant. It is the investigators' responsibility to ensure that all approvals relevant to this project are obtained.

If you have any queries or if you require further information, please contact us using the details above.

Yours sincerely 

for

A/Prof Andrew Crowden | Chair, Human Research Ethics Committee

STANDARD CONDITIONS OF ETHICS APPROVAL

The standard conditions of approval for all human research projects are the following:

- 1) Comply with the *National Statement on Ethical Conduct in Human Research (2007)*, and any legislation relevant to the jurisdiction that this project is conducted.

- 2) Conduct the research project strictly in accordance with the application, which was granted ethics approval, including any specific conditions nominated in the ethics approval correspondence.
- 3) Make no change to an ethics approved project, including any approved documentation wording, without prior written approval from the Human Research Ethics Committee.
- 4) Inform the Human Research Ethics Committee immediately of anything which may warrant further review of the ethical acceptability of the project, including serious or unexpected adverse events or impacts on participants. An adverse event report must be submitted no later than one working day after an adverse event occurs.
- 5) Provide the Human Research Ethics Committee with a copy of all licenses, permits and approvals related to the conduct of this project.
- 6) Provide the Human Research Ethics Committee with a written progress report every 12 months from the date of approval and on completion of the project.
- 7) Advise the Human Research Ethics Committee in writing if the project is discontinued.

Compliance with these conditions is a requirement of USC's Human Research Ethics – Governing Policy and the *National Statement on Ethical Conduct in Human Research (2007)*.

USC Human Research Ethics policies, procedures, guidelines, and forms are available from [\(Blackboard\)](#) via Organisations > Research > Research Ethics & Integrity > Human Research Ethics; and [MyUSC](#) via Research

> Research Ethics, Integrity and Compliance > Human Research Ethics.

Appendix 2: Research Project Information Sheet



Research Project Information Sheet

Exploring practitioner understanding of their relationship with the infant in, or at risk of being in, out of home care

Ethics Approval Number: S211550

Research Team Contact Details

Chief Investigator	Partner/Student Investigator	Partner Investigator	Partner Investigator
Dr Dyann Ross Email: dross@usc.edu.au Phone: (07) 5456 5565	Ms Robyn Kemble Email: robyn.kemble@research.usc.edu.au Phone: 0432 369 112	Dr. Peter Innes Email: pinnes@usc.edu.au Phone:(07) 5459 4802	Dr. Fiona Oates Email: Fiona.oates@jcu.edu.au Phone: 0417 622 797

Project Description

The purpose of this research project is to seek an understanding of how the practitioner experiences their relationship with the infant in or at risk of being in out-of-home care with whom they work. If you are a practitioner who worked with families with infants (0-2) who are at risk of being in out-of-home care, you are invited to participate in this research project.

Participation

If you agree to participate in this research project, you will be asked to complete an interview with Ms. Robyn Kemble, a member of the research team. The interview may be done in person at a private space of your choosing or online at a mutually convenient time, and, with your permission, the interview will be audio-recorded.

The interview will take approximately 1 hour and 30 minutes and will ask questions such as: What is your understanding of your relationship with the infant/s you work with? And what is your understanding of your practice skills and knowledge in your work with the infants?

Your participation is voluntary. Your participation, or not, will not affect your relationship with any members of the research team, your employer, and (if you are a student of USC); your course coordinator, and will not affect your academic progression or course grades.

If you decide to take part and later change your mind, you are free to withdraw at any time. Please contact the Chief Investigator (listed above) to discuss withdrawal.

Consent

You will be asked to provide written consent. Consent is for your data and information to be collected in an identifiable format, stored in a re-identifiable, and used in analysis and publications in a non-identifiable format.

Consent is sought for this project and for related, ethics approved, projects that may be undertaken by this research team.

Risks and Benefits

There are minimal risks associated with your participation, such as any sharing of personal and professional information that may make you uncomfortable.

Due to the nature of the project, it may be possible for your identity to be inferred. Where this may be possible, please let the research team know if you wish to review transcripts/direct quotes/publications etc.

Sometimes thinking about the themes discussed in the interview can create uncomfortable or distressing feelings. You are not required to answer and questions you don't want to, and you may discontinue or pause the interview at any time if required.

If you need to talk to someone you may wish to contact one or more of the following: family or friends/ your General Practitioner/ your Employee Assistance Program/ USC Student Wellbeing (5430 1226)/ Lifeline (131114)/ Beyond Blue (1300 224 636).

While you may not experience a direct benefit, it is anticipated that this research project will benefit your industry, and we appreciate your input as a contribution to the discipline.

Privacy, Confidentiality and Results

Any data collected as a part of this research project will be stored securely as per USC's Research Data Management Procedures. All comments and responses will be treated confidentially unless required by law.

The research team will be able to identify if you choose to participate. Transcriptions and recordings will be de-identified and stored in a re-identifiable format. Participation status or individual comments will not be shared with your employer or others.

Other information for participants:

- Participating in the project requires being audio recorded
- Participants will be offered the opportunity to review/approve the transcript to verify their comments
- Recordings will be destroyed at the end of the project
- Recordings will not be directly used for any other purpose apart from the project
- The research team will be the only people who will have access to the recording

The results of this research project may be presented at external or internal conferences or meetings, or by publication. If you would like a summary of findings of this research project, please contact the Chief Investigator (listed above).

Concerns or Complaints

If you have any concerns or complaints about the way this research project is being conducted, you can raise them with the Chief Investigator (listed above). If you prefer an independent person, you may contact the Chair of the USC Human Research Ethics Committee: (c/- Office of Research, University of the Sunshine Coast, Maroochydore DC 4558; telephone (07) 5430 2823; email humanethics@usc.edu.au).

Appendix 3: Informed Consent

Consent – Written

Consent to Participate in Research



Project Title

Exploring practitioner understanding of their relationship with the infant in, or at risk of being in, out of home care

Ethics approval number: S211550

- ☐ I have read, understood, and kept a copy of the Research Project Information Sheet. Any questions I have about my participation have been answered and I consent to participate.
- ☐ I consent to my responses being saved and used for related, ethics approved, projects undertaken by this research team.
- ☐ I understand that the possible effects of participating in this research project have been explained to my satisfaction.
- ☐ I understand that any personal responses presented in the written research will be deidentified.
- ☐ I agree to review additional statements if necessary, regarding reviewing transcripts/approving quotes.
- ☐ I understand that I may withdraw from the in-depth interview at any time and my data will be withdrawn from the final analysis if this is what I wish.

Please contact researchers:

Ms. Robyn Kemble (robyn.kemble@research.usc.edu.au) or Dr. Dyann Ross (dross@usc.edu.au) should you have any concerns or wish to withdraw. Please refer to the Information Sheet for details of the project.

Participant		
Name	Signature	Date

Appendix 4: Prompt Interview Questions

Principle Investigator:

Ms Robyn Kemble

PhD Candidate, School of Law and Society

Research Project Title

Exploring practitioner understanding of their relationship with the infant in, or at risk of being in, out of home care

1. Can you tell me about your role and what a day in your work life would look like?
2. When you work with families what is your understanding of your role with the infant in the family?
3. What is your understanding of any particular practice skills and knowledge in your work with infants?
4. How do you experience your relationship with your organisation [insert name] and the statutory child protection system, and
5. Do you think this influence your practice with infants?
6. What do you recommend you need in the form of support, training, and education regarding the infants you work with?

Appendix 5: Anglicare Consent



31 October 2024

Ms Robyn Kemble 373 Schreiber's Road Cooran

By email: Robyn.Kemble@research.usc.edu.au

Dear Robyn

RE: Confirmation of approval: Exploring practitioner understanding of their relationship with the infant in, or at risk of being in, out of home care

Thank you for your application to conduct research within Anglicare.

This letter confirms that approval for this research project was provided by the Anglicare Research Governance Committee at their meeting on 18 June 2021.

Kind Regards,

A handwritten signature in black ink, appearing to read "L. Wood".

Leanne Wood

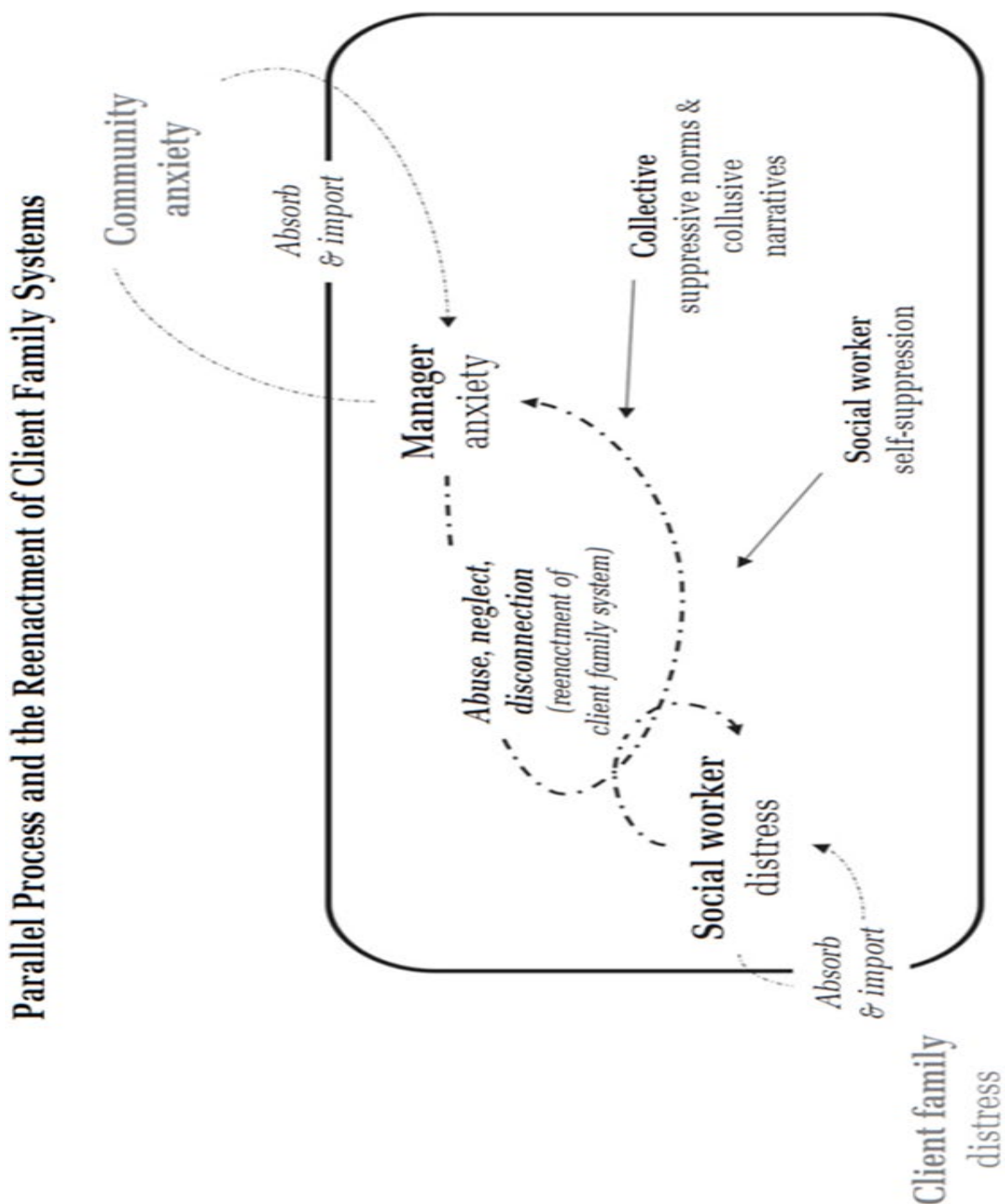
Manager, Research, Evaluation and Advocacy

Appendix 6: AASW Website Advertisement

TITLE: Exploring practitioner understanding of their relationship with the infant in, or at risk of being in, out of home care

Key dates	August 2021 – February 2022
Participants sought	If you are a practitioner who has worked or are currently working with families with infants (0-2) who is in or at risk of being in out of home care, you are invited to participate in this research project
About	This PhD research seeks an understanding of how the practitioner experiences their relationship with the infant in or at risk of being in out of home care with who they work. The research also seeks to explore an infant-led exploration of the role of the organisation where the practitioner works. It is anticipated that the research will provide a clearer identification and contextualisation of the relational practices that are present or overlooked in the support of the practitioner as they support infants. There is also an expectation that attention will need to turn more deliberately to policies, programs, and targeted training to address matters confronted by the practitioner and the organisations to increase capacity to support the infant and their care systems. The research, therefore, seeks to explore the place for attuned responses within relationships for the infant from the practitioner and for the practitioner from the organisations.
What is involved	You will be asked to complete an interview with Ms Robyn Kemble, a member of the research team. The interview may be done in person at a private space of your choosing or online at a mutually convenient time, and, with your permission, the interview will be audio-recorded. The interview will take approximately 1 hour and 30 minutes and will ask questions such as: What is your understanding of your relationship with the infant/s you work with? And what is your understanding of your practice skills and knowledge in your work with the infants?
How to get involved	If you are interested in being involved, please email Robyn Kemble at her research email robyn.kemble@research.usc.edu.au
Institution and investigator contact	University of the Sunshine Coast PhD Student researcher - Robyn Kemble on the above email Research Supervisor – Dr. Dyann Ross – d.ross@usc.edu.au This project has been approved by the University of the Sunshine Coast HREC.

Appendix 7: Parallel Process Model



Parallel Process Model (Kahn, 2022). This diagram illustrates the transmission of emotional distress across interconnected systems—client families, practitioners, organisations, and the broader socio-political environment—highlighting how cycles of vulnerability, stress, and disconnection can become embedded across layers of care.

Appendix 8: All Codes Pie Chart

