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Risks and representations: Creating consensus narratives about risk with pregnant women involved with child protection systems in Aotearoa New Zealand and Scotland

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Abstract

Social work aspires to empowerment ideals, including taking a 'non-expert' position of professional curiosity, and validating the perspectives of people in contact with services. Yet in child protection, social workers are involved in practice that refutes the views and opinions of people and are positioned by their role as an identifier of abuse and risk manager. Social workers and people who are subject to child protection services can be locked into meaning battles regarding the effect of parental behaviour and the representation of risks to children. These negotiations over meanings are especially difficult in the pre and perinatal period, where who controls the representation of the baby's voice or best interests is fundamental to decision outcomes. Using Fricker's concept of 'testimonial injustice' as an analytical lens, this article draws on studies in two different contexts: Aotearoa New Zealand and Scotland, to examine the implications of the intense mediation of meanings that affect child

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protection practice. We find that concepts relating to the importance of mothering, love for children, and extended family relationships were sources of mother's disagreements with professional views of risk, but that through qualified agreement or advocacy from community workers, a shared risk narrative could be constructed.

Keywords
child protection, infant removal, social work, testimonial injustice

Introduction

The outcomes of child protection negotiations around the birth of a baby have high stakes. Fundamental parental rights to control where the baby lives once born, and who cares for them day-to-day may be significantly impacted by the decisions of child protection services. The infant may be placed with carers not previously known to the family, undermining the capacity for family members to form a relationship with the new baby. Child protection practitioners feel intense levels of responsibility for the safety of infants understood as being at risk (Critchley, 2020a). This responsibility is not imagined; infants are uniquely vulnerable to premature death and harm through non-accidental injury (Delaplain et al., 2022; Samuel et al., 2004). Children aged under one year make up 50% of child deaths in the US (Douglas and Lee, 2019) and are most at risk of hospitalisation due to abuse of any age group in Aotearoa New Zealand (Aotearoa NZ) (Duncanson et al., 2018).

In this article, the authors explore how negotiations between social workers and families in the perinatal period about risk to the child, and how it might be addressed, are shaped by power differentials that impact on perceptions of risk and change (Edwards et al., 2015). Arriving at a plan for a baby's care ideally involves all parties finding an agreed narrative on risk, particularly about the ways parental attitudes, behaviours, or living situation have 'changed' since problems were identified. By constructing consensus on risk and change, the plan can follow from a shared perspective. Where parental views diverge significantly from the professional assessment this creates tension and may increase the likelihood of infant removal (Keddell et al., 2021a). Yet the power differential between worker and parent, and the instrumental nature of judgements (relying on reports of parents and other professionals), means that the idea of 'change' is constructed performatively by both parents and their professional allies, leading to a focus on the social construction of 'change': how it is evoked, justified, and translated into decisions.

Contexts

This article considers data in relation to mothers and babies who became involved in child protection processes in the perinatal period in two different geographical contexts: Aotearoa NZ and Scotland. Although situated at a large geographical distance from one another, complex public policy interconnections between these two nations, each of approximately 5 million people, can be identified. It is beyond the scope of this article to fully chart this history, but some background, as it relates to the current operation of child welfare and protection systems will be provided.

The context of child protection in Aotearoa NZ is one of a neoliberal settler-colonial society, where the impacts of the intersecting inequities of cultural oppression, economic exploitation, and the minimising of the state in welfare concerns have all shaped the child welfare terrain (Hyslop, 2022). Colonisation reduced the economic base for Māori, via various mechanisms used to steal land, such as post-war confiscations, individualisation of title through the Māori land court, surveying and selling land to settlers then forcibly defending those sales and creating legislative mechanisms for confiscation such as through the Public Works Act. These mechanisms for economic harm were part of a system of hegemonic oppression that silenced the cultural worldview of Māori within state policy and systems, harming family, social, and economic systems (Barnes and McCreanor, 2019). As the formal child protection system developed in the latter half of the twentieth Century, the Māori view of children as inherently and spiritually connected to whānau[1] and whakapapa[2] was diminished, with little power accorded iwi[3] in determining either the causes or resolution of family difficulties (Fitzmaurice, 2020; Williams et al., 2019). This led to the first wave of overrepresentation in the child protection system, with a large surge of older Māori children being removed from their whānau in the 1980s, forcibly and often for spurious reasons, into abusive 'boys and girls homes' institutions (Stanley, 2016). Many removals directly reflected racism and discrimination in decision-making rationales and treatment (Royal Commission of Inquiry, 2020).

Latterly, protectionist ideas relating to younger children, buoyed up by individualistic 'child centred' discourses, and a perception of Māori as 'risky', contributed to a rising rate of removals of Māori infants (Keddell, 2018; Keddell and Hyslop, 2019). The wider context of neoliberal privatisation, established in the 1980s, mean that economic inequity, and the inevitable translation into child protection systems, equates to a steep social gradient of system contact (Hyslop, 2022; Keddell et al., 2019). In the last two years, there has been a softening of the neoliberal paradigm, a swing away from a protectionist to a child welfare orientation to policy, and a calling to account of the state regarding Māori disproportionality, leading to multiple inquiries and policy and practice changes (Boshier 2020; Keddell et al., 2022a). The development of partnerships with iwi, (bolstered by legislative changes that enable them), internal changes to the order approval process, greater provision of intensive preservation services, the employment of specific whānau-finding roles, as well as the adoption of a Māori-centred practice framework has led to a reduction of babies entering care (Keddell et al., 2022a). Child protection social work is mostly undertaken by the central child protection agency, Oranga Tamariki. However, the contracting environment means that many NGOs, both Māori and non-Māori, undertake contracted services to Oranga Tamariki, including family preservation, provision of foster care, assessment of parenting capacity, and court-mandated support services.

Scotland's relationship to its role within the British Empire and in colonisation is complex. A simplistic political rhetoric of the Scottish people as 'colonised' by the English, informed partly by a narrow history of the 'Highland clearances', has at times dominated in Scotland (McCrone, 2017). The clearances can themselves be understood as being a driver in the Scots colonisation of Otago and Waipu in Aotearoa NZ (Jamieson, 1977), as former crofters sought for land and a place to settle. Recently a more nuanced conversation and 'the growing presence of the colonial past within contemporary Scottish politics' (Mullen and Gibbs, 2023: 14) can be identified. This appears to be leading to a more realistic appraisal of the ways in which Scotland and Scottish people have benefitted economically and socially from systems of colonialism and slavery (Mullen, 2022; Mullen and Gibbs, 2023). Child welfare and protection systems can be read as tools in the continued oppression of marginalised, racially minoritised and poor families (Murray et al., 2023). As such, the power relations underlying child welfare assessments and interventions in the colonised context of Aotearoa NZ and in the formerly colonising context of Scotland are not the same. Nevertheless, important contemporary similarities between the two different policy contexts do exist.

In both Aotearoa NZ and in Scotland, and in Scotland's neighbouring UK nations, there has been increased public, policy, and academic interest in the rates at which babies have been removed from their families of origin in recent years (Broadhurst et al., 2018; Cusworth et al., 2022; Keddell, 2019). In both contexts, there have also been concerns about disproportionality and whether families in certain communities and geographical areas are more at risk of losing care of their newborn babies or infants through child welfare decisions (Bilson and Bywaters, 2020). Specific concerns about increased rates of infant removal from Māori families, and the social work practice around this, led to the development of the Aotearoa NZ-based study on which this article draws (see Preventing baby removal project: https://preventionprojectwhanau.squarespace.com). Regional differences in relation to rates of infant removal in Scotland do exist (Cusworth et al., 2022), but as suggested above these inequalities cannot be read along lines of racial minoritisation and oppression in the way that the over-representation of Indigenous children, and children in areas of high deprivation, can be understood in Aotearoa NZ. Yet it remains the case that in both settings there are significant policy concerns around *whose* children are interpreted as being at risk or in need and with what long-term impact on their families (Critchley et al., 2023; Raab et al., 2023).

Recent attempts at progressive policy and practice reform, that prioritises family unity and gives weight to kinship relationships, are notable in both Aotearoa NZ and Scotland (Office of the Children's Commissioner, 2020; Oranga Tamariki, 2021; The Promise Scotland, 2020, 2023; Waitangi Tribunal, 2021). Further, over several decades, Scotland has seen widespread use of Family Group Conferencing as an approach in securing safety for children living with intra-familial risk, and a potentially valuable means of avoiding family separation through improved partnership with families (Mitchell, 2020). Family Group Conferencing originates in Aotearoa NZ and seeks to provide a more equitable platform for families and practitioners to work together to achieve the shared goal of safety and welfare for children. In summary, policy and legislative activity with the aim of creating safety within the family of origin and kinship network for children whenever possible is traceable in both Aotearoa NZ and Scotland in recent years. The challenges of realising that aim in practice are explored in this article with reference to data from two separate studies.

Risk, pregnancy and social work

In both the national contexts for the research studies, social workers are positioned as experts in risk to children, including infants, and are charged with guaranteeing a reduction of risk that in managerialist systems must be evidenced in codified ways. In Aotearoa NZ, community-based workers mediate these codes by assisting women to perform change in specific ways they know will be acceptable to the child protection service (Keddell et al., 2021a). The ways risk concepts are operationalised in child protection institutions take particular forms, drawing on both professional and scientific ideas. These concepts relate to perceptions of parenting capacity, and ideas about attachment theory and the developing infant brain (Beddoe and Joy, 2017; Critchley, 2020b; White et al., 2019). Identified risks are processed through complex institutional structures that comprise a combination of highly bureaucratic processes, specific assessment frameworks and tools, and are often pressured environments that can in themselves shape how risk 'plays out' in practice.

In this article, findings from the authors' studies of the lives of families experiencing child welfare interventions pre and post birth are presented to illustrate and analyse these dynamics. The analysis draws on Fricker's concept of 'testimonial injustice' to consider how mother's statements as 'knowers' may be devalued in conversations about risk due to their powerless position, both socially, and in relation to the child protection system (Fricker, 2007, 2008). This analytical lens highlights the extent to which narratives about 'risk' and 'change' are being actively negotiated and renegotiated between mothers and social workers. We highlight the ways in which dominant norms about pregnancy and motherhood intersect with more specific and targeted aspects of regulatory power to influence the meaning battles that develop in practice, and the narratives that are ultimately negotiated.

In neoliberal economic states, individuals are expected to take responsibility to guard against risks to life, or health, and formulate themselves to conform to expected norms through self-effort (Rose, 2000). This self-responsibility extends beyond individuals to children, with policies aimed at producing future productive citizens, linked to their parents' behaviour (Murphy, 2000). Within this framing, children are positioned as vulnerable and the pathway to protection is via the responsibilisation of the family unit, creating moral accountability on the part of the parents to prevent the 'consequences of risky behaviour' (Henderson, 2015: 330; Keddell, 2018). Within the perinatal period the burden for ensuring children's safety is placed very particularly with mothers (Waggoner, 2017).

Women who are pregnant are persuaded to align themselves with parenting norms, through performing personal change in particular ways. In child welfare and protection contexts, these efforts are subject to an even greater scrutiny, with mothers required to 'give account' of themselves to social workers (Waterhouse and McGhee, 2015). Yet, women can simultaneously be disqualified from speech through a 'pre-emptive form of testimonial injustice' (Fricker, 2007: 5) that silences their account. Intersecting forms of oppression (Crenshaw, 2017) can function so as to devalue the perspective of expectant and new mothers, with their statements assigned little or no credibility (Fricker, 2008). Mothers who come to the notice of child protection agencies are more likely to be racially minoritised, and subject to class, ableist and gender discrimination. Indigenous parents' knowledge is particularly vulnerable to being discredited in child welfare processes (Fitzmaurice, 2020; Leckey et al., 2022). Coloniality devalues the worldviews of colonised peoples and forcibly imposes a set of beliefs and values to help support a hegemonic state, including those beliefs related to childrearing, parenting, and family. This cultural hegemony lays the groundwork for testimonial injustice because it creates a hierarchy of knowledge and values, diminishing Indigenous ways of being, knowing and doing (Dudgeon et al., 2015).

Mothers with intellectual disabilities are also particularly vulnerable to experiencing testimonial injustice (Fricker, 2007, 2008) in the context of child welfare and protection involvement. There is widespread evidence of parents with intellectual disabilities experiencing unjust and poor treatment within anglophone child protection systems (McConnell and Llewellyn, 2000; McGhee and Hunter, 2011) and parents with intellectual disabilities continue to report stigmatisation and marginalisation (Franklin et al., 2022). The intersection of oppression experienced by Indigenous parents with intellectual disabilities has been shown to create an increased risk both of child welfare investigation and of child removal (Collings et al., 2018). Calls for reform are ongoing (Fitt and David, 2022), as despite some improvements in practice, significant issues and workforce training needs remain (MacIntyre et al., 2019; MacIntyre and Stewart, 2021; Sigurjónsdóttir and Rice, 2023). Social workers continue to find assessing the capacity of parents with intellectual disabilities to care for their children challenging (Norlin and Randell, 2022). The accounts that people with intellectual disabilities offer of their own lives and experiences have been found to be routinely discounted and disbelieved (Wiseman and Watson, 2022), creating significant risks of testimonial injustice for parents with intellectual disabilities entering child protection systems.

The way that child protection decision-making meetings are structured and managed can further constrain parental accounts and provide social workers with epistemic authority (Critchley, 2019a; Koprowska, 2021; Waitangi Tribunal, 2021). Simultaneously, institutional assessment tools through which information about risks to children are codified can increase the risks of epistemic injustice (Fricker, 2007) to parents (Bostock and Koprowska, 2022). Because of this testimonial injustice, women in system contact around the time of birth must find ways to improve their credibility, which occurs both by persuasion to construct themselves as having adequately internalised professional understandings of risk, as well as drawing on other actors – advocates – to increase their perception of legitimate accounts of themselves and their situation. In these two ways, women avoid a perception by professionals that they may be engaged in ‘risky behaviour’.

In this process, the role of the community-based worker in Aotearoa NZ, (at the interface of the statutory social worker and the family) is intimately involved with on the one hand, supporting and persuading mothers to engage in change, while also providing legitimising weight to claims of change, to the statutory agency (Keddell et al., 2022b). Their role at the interface between families and the child protection service can be an ambivalent one, including aspects of empowerment as well as supporting the role of the statutory social worker to surveil families and ensure compliance (Gerlach et al., 2017). In Scotland, no direct equivalent of the community-based worker exists. A patchy system of parental advocacy operates in the Scottish context, provided by third sector providers. As Fitt et al. describe, non-legal advocacy in international child protection contexts is most often provided for over-represented populations ‘including people with intellectual disability and other learning difficulties or First Nations communities’ (2021: 5). Whilst it is the case that for some parents in Scotland, it will be possible to access valuable advocacy support locally, due to limited and non-statutory service provision, many families involved in child welfare processes in Scotland will have no access to non-legal advocacy (Critchley et al., 2023).

Within this article, we specifically explore aspects of the negotiations between mothers and professionals in the peri-natal period. We begin by considering how mothers managed the developing narrative about risk to their babies. We then introduce data concerned with the assumptions that were made about women with disabilities. We explore the idea that women in system contact are often subject to testimonial injustice (Fricker, 2007, 2008), as their narratives of risk and safety may have their credibility challenged for a range of reasons, leading to pressure for mothers to change their explanatory repertoire and narratives to align with professionals. Data from both geographical contexts are presented to explore how risk to infants may be conceptualised and with what potential consequences for mothers and their babies.

Methodology

This article draws on findings from two separate research studies. Critchley undertook an ethnography of pre-birth child protection assessment work in an urban Scottish local authority. Fieldwork occurred over one year between 2014 to 2015. Over this period, a range of pre-birth child protection meetings were observed, and research interviews were undertaken with expectant parents, frontline social workers, and independent chairpersons of case conferences. The focus of the study was social work practice: the aim was to understand what happened between family members and practitioners during the pregnancy, and the sense that research participants made of these activities. In total, twelve families participated in the study and although not all parents chose to offer an interview, some participants gave more than one interview across the fieldwork period. Interviews were transcribed verbatim and in original dialects. Where the Scots dialect is strong in the data presented here, an English equivalent is offered in brackets. For further methodological detail please see Critchley (2019a, 2019b).

In Aotearoa NZ, Keddell and her team undertook several case studies and focus groups aimed at understanding parents' and community-based social workers' experiences of child protection system contact around the pre-birth to 12-month period for infants. With a particular focus on how baby removals can be avoided, three case studies were examined where babies were either not removed despite notification to the child protection system or were removed and returned within a short time frame. In these case studies, mothers and their community-based workers were interviewed. Four focus groups were also held with community-based practitioners who regularly work closely with families as they go through the child protection process. Case studies and focus groups were analysed thematically, providing insights into how systems, services and relationships can help in preventing baby removal. Further details can be found in Keddell et al. (2021b) and at https://preventionprojectwhanau.squarespace.com). Ethics approvals were obtained from the relevant universities (University of Otago and The University of Edinburgh).

We were interested to discover whether there would be commonality and differences in our findings and with what, if any, implications for families and practitioners. One theme which the data sets from the two studies shared was the struggle for professionals and families to arrive at agreed definitions of risk to infants in the perinatal period. For this article, data from the two studies was deductively reanalysed using an a priori theoretical framework, specifically, looking for how risk was constructed by, and between, mothers and professionals in the context of change-oriented work (Braun and Clarke, 2006). We were looking for ways in which parents may have internalised dominant professional narratives relating to risk, drawn on these to perform or evidence personal change, or resisted such views. As such the data presented is 'relatively liberated from the original research' (Wästerfors et al., 2014: 468) and used here in order to provide insight into how narratives about risk are created, negotiated, and resisted in the context of child protection involvement with infants in the perinatal period. The concept of 'testimonial injustice' is used to consider how the power dynamics between actants operate to shape whose accounts are deemed credible and why.

Findings

Keeping hold of the narrative

A key theme across the studies was the intense negotiation over the meanings to be inferred about the family situation, needs, and parental capacities. Who controlled these interpretations controlled the nature of intervention. Participants commented on the effect of professionals working with families that can lead to distorted perceptions and lack of consensus between the family and professionals regarding the nature of their problems, and what should be done about them. For example, a community-based worker commented,

> *'who keeps information and how this story is represented in services that family may not know about - who has control of this and who uses this to define family need, over family being able to define this'.*
>
> Focus group 1 participant. (Keddell et al., 2021a: n.p.).

Mothers expressed concern that they would be compelled to accept the social work narrative about risk and 'consent' to their baby being accommodated with carers following the birth. Agreeing to this plan would preserve the family's working relationships with the child protection team around the baby, since a shared narrative on the risks to the baby is implied. However, mothers were worried about the implications of accepting a story about risk that could lead to separation from their infants following the birth. In the following extract from the data, Morven refers to Section 25 of the Children (Scotland) Act 1995. This Act empowers the local authority to accommodate a child when 'the person who has been caring for him is prevented, whether or not permanently and for whatever reason, from providing him with suitable accommodation or care' (1995 Act, S.25, 1, c) so long as those with parental rights and responsibilities do not 'object' (1995 Act, S. 25, 6, a). In practice, such an arrangement is often referred to as a 'voluntary' agreement by the parent(s) to the child living outside of their care.

> *'But there's been a lot of talk about like section 25s, like the voluntary thing? And I'm not signing something. I personally and I know that you shouldnae {shouldn't} take other people's experiences, but I know somebody that missed the first four and a half months of their daughter's life because they signed that section 25, and when they consulted a lawyer, the lawyer was like, "No, you shouldnae have done that". And I'm not losing out on the most important bonding time with my little one because somebody thinks that I might have a break down'*
>
> Extract from research interview with Morven.

Morven highlights the risks for mothers who are involved with child welfare services during a pregnancy. A 'voluntary' agreement can be presented by professionals as the best way forwards, avoiding the need for contested legal steps to be taken in the days immediately following the birth. Yet, at the point of agreeing to the arrangement, the mother may not know how frequently, or in what context they would be able to see her baby. The mother may have to endure long periods away from her newborn with limited support, advocacy, or representation in terms of her own rights and needs. This imbalance in terms of control of information left some social workers feeling deeply uncomfortable and Amanda, who was social worker to Morven's baby reflected that the expectations of parents were high in terms of openness and compliance with the plan for the child, whilst the bar for the 'care system' that the baby may be entering is much lower. This caused her to reflect that '*it becomes very one-sided... and to me it doesn't seem like a good working relationship*'.

The 'voice of the child'

A related negotiation was over the representation of the child's 'best interests' or 'safety'. These often-nebulous terms are even more contested in the context of unborn or newborn babies, where the child's own views cannot be ascertained. In this environment, who can claim representation of those interests, or assert their view of safety with the most weight or authority becomes fundamental to decision-making. In a sense, this is the 'testimonial power' described by Fricker, that is, the ability to make the most credible statements that align with accepted terms and concepts, meshing with the hermeneutic community most dominant in a given context (Fricker, 2008). The ability of the statutory service to do so is often heightened due to their role and power. Family members and other professionals sometimes take issue with this assertion. In a colonised context, differences in perception of children's needs or what it means to be 'safe' are linked to differences in conceptions of what or who a child is, in this case, constructed as fundamentally connected to their whakapapa (genealogical relationships and connections):

> *'The children haven't got the voice to actually say please, can you get it right this time, ok … our children and our whānau, they come from such lustrous people and ancestry, they come from mana*[4] *and we're forgetting, we're not forgetting that or Oranga Tamariki can be dismissive of that under … the 'safety of a child'. So, rights of child would be the voice of a child, and I've always challenged how young is a voice of a child because we're always saying that in the pregnancy, the 'voice of the child' is from a mainstream organisation such as Oranga Tamariki … and I think there's something wrong with that'*
>
> (Group 3 participant, Keddell et al., 2021a: n.p.).

In Scotland, it was found that having identified the risks to an unborn baby, social workers considered that they could speak 'for' the child. For mothers, this involved professionals conceptualising their expected infant's vulnerability in counterintuitive ways. Expectant mothers often saw themselves as the major protective factor in their baby's life and considered that removal from their care posed the greatest risk to their infants.

> *'How could somebody who has not carried my baby, who has not stressed for her and who is not her mother know better what she needs and look after her better?'*
>
> (Extract from research interview with Amara, Critchley, 2019b: 146).

Child protection professionals required mothers to disregard the significant risks that early removal and the care of strangers may entail for their babies. To gain control over representations of the risks to the child, social workers in both Scotland and Aotearoa were able to make two interconnected steps. The first step was to conceptualise risk very narrowly in terms of immediate physical safety, allowing little weight to the short- and long-term risks to infant health, development, and identity implied by early separation. The second step was to claim authority over the 'child's voice' and to speak with professional authority about the infant's experience, operating a concealed form of professional ventriloquism (Critchley, 2021). Carter defines professional ventriloquism as 'a means by which professionals can almost bypass the child's experience and articulate what they believe the child's experience to be' (2002: 37). This also relates to testimonial injustice: the mother's testimony is devalued, but the assumed testimony of the child is claimed by other actors, and given testimonial dominance, despite the content of that testimony and the means by which it is claimed being highly contested (Fricker, 2007). This gives child protection social workers underacknowledged power, because of their responsibility to present the views of the child in administrative and legal fora, and the conceptualistion of child protection practitioners as 'the social worker for the child', as opposed to the whole family, whānau and community (Gupta and Featherstone, 2020).

Resisting assumptions: Disability and parenting capacity

Parents with intellectual disabilities are over-represented in child welfare and protection systems around the world (Booth and Booth, 2005; Slayter and Jensen, 2019) and infants of mothers with an intellectual disability are more likely to experience child protection involvement than children in other age groups (Lima et al., 2022). Women with an intellectual disability are therefore highly vulnerable to child protection involvement in the perinatal period, and to poor practice which fails to include them fully in planning for their baby's care (Llewellyn and McDonnell, 2010). Recent research in the Scottish context which included mothers who identified as having a learning disability, found that it was possible for women to remain unclear about the decisions that were taken in relation to their children, years after their permanent separation (Critchley et al., 2023). This makes the role of advocacy and community-based support extremely important in resisting assumptions in relation to mothers with intellectual disabilities. In Aotearoa NZ, a group of disability advocates worked together with a mother, Kelly, to reject a view of her as lacking capacity, despite the child protection agency initially removing the baby at birth with limited assessment of her abilities and support networks. The way Kelly's behaviour was interpreted was a key concern to the community-based workers, who felt every small thing she did that could be used to infer lack of parenting ability was magnified, for example, small mistakes with the amount of formula put into a bottle, or how she held her baby Billy. For example, in this very emotional meeting, the fact Deb remarked to Kelly to 'watch the baby's head' was picked up by the social worker as an indication of risk, which was then challenged by Deb:

> *Deb: "it was really weird and so, and you know, Kelly naturally just, I mean wouldn't we all be getting a little bit emotionally unsteady, you know like, and Kelly went to turn around and was holding Billy …I think she went to pick something up sorry…*

> *Kelly: Yeah, I picked up something up from the ground.*
> *Deb: …and I said, "Oh just watch his head babe". So that was another cause, that was another reason for concern, and I just looked at them, 'cos she brought that up, I went "I would've said that if that was my mate".*

Kelly and Deb, Case Study One. See: https://preventionprojectwhanau.squarespace.com/casestories.

Here Toni, another community-based worker advocating for Kelly, notes the links between outdated assumptions about people with disabilities, perceptions of risk, and knowledge of, or assessment of, available supports:

> *'I think the biggest thing in this situation was the lack of understanding about disability support, yeah and the fact that there were assumptions based on the attitudes towards intellectual disability… So really serious decisions made that have lifelong effects on parents and children, they are outdated, and unfounded beliefs and attitudes about intellectual disability… It's seen as a risk factor full stop, without considering, you know, what are the layered supports or arrangements that might {be needed}? … It's the fact that the relationships and the bond can endure.'*

Toni, community-based worker, Case three, (Keddell et al., 2022b: 12).

Qualified acceptance and shifting the narrative

Not all of the women taking part in the two studies resisted the dominant narrative about risk to their children that was presented by child protection professionals. Some negotiated narratives which reflected forms of qualified acceptance of the social work perspective.

One way for mothers to respond to the professional view on risk to their baby, was to change but based on their own motivation. In Aotearoa NZ, Katrina was accused of neglect, including not having food for her children. In order to perform acceptance of this narrative (of herself as neglectful), while simultaneously refuting it, she described other aspects of her parenting (having family members who are gang members in the house and putting children to bed quickly so she can use drugs) as indicators of neglect and emotional absence. In these ways, she was able to maintain her dignity by resisting the examples of neglect she states were not true, while also accepting a more nuanced version of herself as ‘neglectful’, in order to allay the social worker’s concerns that she was lacking in insight.

Tracy was supported to take the focus off what Oranga Tamariki defined as the problem, to focus on herself and her own motivations for change. This helped maintain an internal locus of control and sense of empowerment, as well as clarify her own values of commitment to her children:

> *‘It wasn’t so much about them, it was all about my kids really …She (Simone) helped us through everything, just not to focus on OT {Oranga Tamariki, the statutory child protection agency} and their perspective, but what was important to me …focus on what you know you have to do for your children and for yourself’*
>
> Extract from interview with Tracy, Case two (Keddell et al., 2022b: 8).

Women often identified their own motivations for change, in order to mediate or resist the direct imposition of the statutory agency’s view. These motivations, frequently expressed as love for their children, enabled them to accept the statutory agency’s view without having to directly agree. The ‘love for children’ narrative enabled a way out from the feeling of compulsion. The notion of ‘performance’ is not to say that behavioural change was ‘fake’, but that it had performative qualities in order for the statutory agency to see and accept this as change. These performances, in turn, gained weight by being ‘vouched for’ by the community-based worker in the Aotearoa NZ context. For example, Tracy describes her reactions to the child protection agency’s view of risk:

> *A: … so when OT first got involved with you, what did you think of their view of the concerns they had? I mean…*
> *B: Oh, I thought they were just like rubbish, you know, but I wasn’t thinking, yeah like you know, the violence was never ok for my kids to be around or to see, or you know, to even have a part of their life.*
> *A: Yeah yep. Must’ve been difficult for you though obviously with your partner and … lots of competing demands…*
> *B: Yeah yeah, it was at the time, it was at the time but it’s easier now to be by myself than to be in that toxic relationship, yeah.*
> *A: So, at what point did you separate?*
> *B: When I was about to lose everything, yeah.*
> *A: Ok. Was that part of, was that put to you, like you must do this?*
> *B: Yeah yep*
> *A: How was that? Like what did they say?*
> *B: Oh, they just said that I need to, things need to change, I need to do these courses to teach me how to do other things and cope with different*

things like and I did a Living Without Violence course through the Women's Refuge.

A: *Ok, oh my goodness, yeah, yeah. What do you think changed OT's view, like…*

B: *Probably my attitude, yeah…But it wasn't so much about them, it was all about my kids really and you know, yeah…*

A: *Was there anything in particular that made you realise, like was there one moment where you thought man, I really need to make a change or…*

B: *Yeah, when I figured out that I couldn't live without my kids, yeah'*

Extract from research interview with Tracy, Case Two.

Qualified forms of acceptance that foregrounded parental agency and commitment to children were evident in data from both Aotearoa NZ and Scotland. Allowing mothers the dignity of making changes for their own reasons appears as a small way that professionals could co-create a shared narrative of change. Ultimately, mothers were relying on normative ideas about what 'good parenting' looks like in the stories that they chose to tell about their families' lives and futures.

Discussion

The authors' cross-cultural analysis of the data from our research studies has shown how complex the negotiations around meaning are when an infant is considered to be at risk, whether in Scotland or in Aotearoa NZ. We do not mean to infer that infants are never at real and in some cases, imminent risk of harm, nor that parents should not be supported to engage in personal and situational change to reduce risks to their babies. However, by examining the persuasive elements of this it is possible to critically examine both what is presumed to indicate risk as well as how power is negotiated in professional – service user relationships. Taking the lens of Fricker's 'testimonial injustice' causes us to consider how certain people's views are diminished or devalued as part of these negotiations, where the child protection agency's very reason for existence relies on its power to define risk. As Burns et al. (2021) have highlighted, many child welfare arrangements are arrived at in a 'grey space in-between' legally secured state care for children and family. In the perinatal period, negotiations between social workers, community-based workers, parents and whānau are key in determining the form of any legal intervention in the family's life and the care arrangements for the new baby. The authors of this article found that mothers understood this and were engaging in complex negotiations of meaning around risk, representation, and responsibility. Mothers who participated in both studies were able to find ways to negotiate sophisticated risk narratives in order to present themselves as changed. This was difficult work, as it often involved assenting to presentations of their lives, experiences, and behaviours that they did not fully accept. It could also involve family members subscribing to conceptualisations of their baby that were anathema to their cultural beliefs, or which challenged their view of themselves as their baby's best protectors.

The women taking part in our research studies understood that there existed narratives around risk that they had to either accept or refute. In order to craft the desired 'ending' for their families, the women often had to 'go along' with stories about themselves and about risk that they found painful to accept or disbelieved. This was acknowledged by some of the social workers in the Scottish context, and by all the community-based workers in the Aotearoa NZ context. In both countries, mothers perceived high stakes risks to themselves, their babies, and their families as a result of the imbalanced power relations between them and the child protection social workers involved with their babies. The women aimed to manage these considerable risks either by accepting the narrative that they were invited to share around the care of their infants, or by actively contesting this and 'disputing the evidence' (Croghan and Miell, 1998).

Recent changes to policy in Aotearoa NZ more fully articulate babies' connections to their birth families and the importance of genealogical connections to iwi in the context of a strong emphasis on the importance of retaining babies in the care of their whānau. This development is to be welcomed, given the normative and individualising messaging about the responsibilities of mothers to their babies that appeared to dominate professional conceptualisations of risk in families in both Aotearoa NZ and Scotland.

Community-based workers in Aotearoa NZ disrupted the narrative about risk in interesting ways, when they countered assumptions about disability and parenting capacity. Mothers in Scotland who did not have the benefit of this support found this more difficult to do successfully, raising questions for practice, particularly around the importance of trained and experienced advocacy for mothers with an intellectual disability (Maylea et al., 2023; Tefre, 2016). Community-based workers played an important role in mediating between mothers and child protection social workers, by pulling the decisions about baby removal closer to the mothers themselves. Yet tensions remained, and women did not always feel that they, the fathers of their babies, or their whānau had sufficient 'voice in the matter'. Rather, they often feared that their perspective would be overlooked, and their voice could not compete with those of professionals. Particularly when practitioners were ventriloquising the infant, by staking a powerful claim to being 'the voice of the child'.

For community-based workers, for families, and especially for mothers themselves, this co-opting of the infant perspective by professionals who were not related to the baby was especially challenging and appears as a particularly concerning example of epistemic injustice (Fricker, 2007). While the representation of children's voice is always mediated by politics relating to adult-child asymmetries and social contexts, these are exacerbated when the child is unborn or newborn. In these instances, professionals' views on child development, attachment, and parenting norms, all intensely contested on class and cultural grounds, come to dominate (Åkerlund and Gottzén, 2016; LeVine, 2014).

Implications for policy

In this article we have considered data from mothers, social workers and community-based workers that relates to what happens between them 'on the ground' through the lens of 'testimonial injustice' (Fricker, 2007, 2008). This reveals that mothers struggle to have their views and perspectives on the best way to keep their infants safe taken seriously. The role of the community-based worker emerges as important, since there is potential for powerful negotiation, advocacy, and articulation of the family's position to come through the efforts of community-based workers. This was particularly significant when mothers were struggling under the weight of intersectional oppressions arising from ableism, racism, sexism, and the colonial gaze on Indigenous family life. The imposition of colonial norms relating to family life has clear threads of a systematic form of 'testimonial injustice' that remains in the Aotearoa NZ context. Although mothers in the Scottish context did not have to contend with the ongoing social harms of colonisation that Māori mothers experienced in Aotearoa NZ, their capacity to be heard and understood was highly constrained. A policy focus on funding community -based services and family advocacy efforts is one way to address this imbalance. Particularly if the progressive policy turn which has been taken in both countries, prioritising family unity and better acknowledging the ties that bind even the youngest children to their families, communities, and whānau are to be translated into practice.

A further area of policy development which could support practice change is reform of pre-existing policy and legislation in order to clarify how the 'voice' of pre-verbal infants, babies and children is to be 'heard' in practice. Currently, professionals are provided with the freedom to ventriloquise infants in ways that effectively silence the voices of mothers when it comes to what they feel is important for their very young child. This freedom sits uneasily alongside more recent policy initiatives that seek to locate children in their home communities and to recognise kinship ties, and to understand infants as complex human beings rather than simple ‘risk bearers’. Greater space for mothers to co-create a narrative around risk to their infant that is acceptable to them is required. Clarifying through guidance whose perspectives are to be included, particularly those of mothers, wider family, whānau members and iwi representatives, and how they are to be elicited, could ameliorate this tendency.

Recent abolitionist scholarship moves beyond reformist policy suggestions such as these and draws attention to the control of child welfare services and the location of ‘services’ within notify-investigate systems that rely on and exacerbate state power (Raz, 2020) instead of within and controlled by the communities most affected by child protection systems (Roberts, 2022). In the Aotearoa NZ context, this fact draws greater attention to the need to restore authority to iwi and Māori organisations to operationalise child welfare services (Waitangi Tribunal, 2021). This appears as a challenge to social work education, but also to policymakers in terms of how responsibilities to infants are understood in the wider culture, and the need to resource communities, and their workers, who can navigate the complex and oppressive forces around women whose infants are understood to be at risk.

Conclusion

In both geographical contexts and child welfare systems where our research studies took place, negotiating a shared narrative about risk was a crucial part of what was happening between practitioners and mothers. The way that risk to infants was conceptualised drew on a wider cultural context in which mothers are held accountable and expected to make responsible choices. Whether or not these expectations are fair or realistic for most women is a question for wider debate. However, this article highlights how problematic these dominant norms can become in contexts with significant power imbalances, and where mothers are often already disadvantaged through membership of a stigmatised or minoritised group.

Social workers too were seeking an agreed narrative around risk, and ideally one that could be fitted to codified risk management processes and systems, since their recommendations were required to conform to institutional expectations. Community-based workers could at times provide positive disruption of the meaning battles that could develop between child protection practitioners and mothers in the perinatal period. Mothers in both studies drawn upon in this article sought ways to emphasise the importance of kinship, ‘doing it for your kids’, their own agency, identity, and the baby’s place in a particular family and community, as they negotiated a preferred risk narrative. In Aotearoa NZ, community-based workers were at times able to make space for these considerations in the formal risk narrative.

This brokering was significant and suggests that finding ways to unlock established, stuck patterns of communication and negotiation about risk to infants in child welfare contexts may lead to a more nuanced conversation. A more open conversation is much needed in these high stakes, tightly governed negotiations about the best interests of children at the very start of their lives.

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Notes

1. whānau is an extended family group connected through geneology and spiritual links with one another as well as with land, lakes, rivers and significant places.
2. whakapapa is the relationships of genealogical and spiritual importance passed down through generations, creating webs of interlinking connections between people, whānau, hapū and iwi, through time and across place.
3. iwi is a tribal group connected through an eponymous ancestor and connections to land.
4. Meaning dignity or prestige.

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