Introducing Lived Experience Workers Into a Pregnancy Child Protection Intervention: Parent and Staff Experiences

Zia Tayebjee
Daniela Lewkowicz
Sophie Isobel

Abstract: *Pregnancy Family Conferencing is a program to support families with identified child protection risks during the perinatal period. Parents are often cautious about engagement due to mistrust of services and fear of having their babies removed if they discuss their difficulties. Subsequently, the inclusion of lived experience parent supporter roles was piloted to support families with engagement. Little is known about lived experience workers in child protection services and thus this qualitative study explored the experiences and perspectives of families, parent supporters and professionals, and of implementing parent supporter roles into the pregnancy family conferencing program. Inductive thematic analysis identified benefits of lived experience inclusion in child protection processes for parents, families, staff, and services, and highlighted that introducing lived experience positions into systems requires significant reflection, structures, and flexibility to ensure wellbeing and sustainability for those working in the roles. Recommendations are made for other child protection or social work services introducing lived experience roles. The inclusion of lived experience workers into child protection services has enormous potential for improving the experiences of people accessing services, enacting the values of social work, and balancing the inherent power dynamics embedded in practice. However, in introducing such roles into existing systems, there is a role for social workers and other practitioners in advocating for, and leading, the structural changes required to ensure the sustainability of positions and wellbeing of people working in these roles.*

Keywords: *Child protection, lived experience, pregnancy, family conferencing, peer support*

Effective child protection interventions during the perinatal period can support families to address safety concerns and reduce the need for long-term statutory intervention (Tayebjee et al., 2024; Waldfogel, 2009). Inadequate engagement with families during this period can contribute to crisis responses at, or after, birth, as well as trauma for parents and families, and disrupted infant attachments (Tayebjee & Lewkowicz, 2019). However, engagement and the delivery of interventions during this period can be complicated by families' understandable reluctance to engage with services due to fear of removal of infants into out-of-home care (Taplin, 2017).

Pregnancy Family Conferencing (PFC) is a program offered in a public health service in Sydney, Australia to support families with identified child protection risks during the perinatal period. PFC is a strengths-based, trauma-informed program for expectant parents and their families where significant child protection concerns for their unborn baby have been identified. PFC is delivered and funded in partnership with the Department of Communities and Justice (DCJ). PFC aims to provide a forum for families and services to have open and transparent conversations about child protection

Zia Tayebjee, MSW, Coordinator, and Daniela Lewkowicz, MISD, GradDip (Couns), Program Coordinator, Local Health District & Department of Communities and Justice, Pregnancy Family Conferencing & Statewide PFC Clinical Support & Training, Sydney, Australia. Sophie Isobel, RN, PhD, Associate Professor, Faculty of Medicine and Health, University of Sydney, Camperdown NSW, Australia.

issues through a scheduled series of meetings and collaborative care-planning. Participation is voluntary and meetings are facilitated by an independent professional from within DCJ or Health who helps interagency participants develop coordinated plans which attempt to meet families' needs and address child protection risks. Engagement in PFC aims to increase the likelihood that babies can remain safely in the care of their parents after birth. The meetings and associated discussions focus on existing and potential family strengths. In cases where child protection concerns are not adequately addressed and a baby needs to be taken into out-of-home-care, the process enables families to participate in planning for out-of-home-care placements and engages the service system to support restoration where possible.

PFC has been successfully embedded into practice since 2012 with approximately 25-35 families referred to the program annually, typically navigating a combination of psychosocial difficulties such as domestic abuse, mental illness, insecure housing, homelessness, or problematic drug or alcohol use. The disparity in power between practitioners and families can create barriers to building the relationships required to form the foundation of effective collaborative work (Cocks et al., 2021). Parents are often cautious about engagement due to mistrust of services and fear of having their babies removed if they discuss their difficulties. Subsequently in 2017, efforts began towards establishing lived experience or peer support roles in PFC. These roles were named and are referred to herein as the Parent Supporters (PS). The PS were intended to meet families with the facilitator prior to PFC, to explain the program and prepare families for the meetings. Role development took a number of years, culminating in a pilot from 2020-2023. Four parents were employed as PS, all of whom had lived experience of participating in PFC and retaining care of their infant.

Across child protection and child welfare services, the integration of lived experience positions is not new, however evidence is limited (Saar-Heiman et al., 2024) Subsequently, much of the literature on integration of peer support positions into services comes from mental health settings where there is a large body of evidence demonstrating their importance and value. In mental health care, peer workers are known to enhance mutuality and autonomy for clients, while also drawing personal benefits from the work (Wall et al., 2022). In Australia, employing peer workers in child protection services is a new concept. Subsequently this case study aimed to explore the experiences and perspectives of families, PS and professionals, of implementing the PS roles into the PFC program.

Methods

Design

An inductive qualitative methodology with thematic analysis was used to explore the experiences of PS, families, and professionals. The methodology was driven by assumptions that knowledge is relationally produced within interactions between people within contexts (Burr, 2015). The approach allowed for exploration of experiences and perspectives without preconceived frameworks (Braun & Clarke, 2022). Ethics approval was received by the Ethics Review Committee (RPAH Zone) of the Sydney Local Health District.

Recruitment

Participants were recruited through PFC. The PS were provided with information about the evaluation and asked to contact the researchers if they wished to participate in an interview. Families who met with a PS were informed about the study by the PFC facilitator. If the family was interested in participating, the facilitator sought consent to provide their details to the research team. They were subsequently contacted outside of the PFC process and invited to participate in an individual interview. Professionals working in the program were directly invited to participate in two focus groups by the program coordinators. No demographic data were collected, in order to aid with participant confidentiality.

Data Collection

Consistent with the qualitative approach, individual semi-structured telephone interviews were conducted with 11 family members and 4 PS. Focus Groups were facilitated for other non-lived experience professionals participating in the program. Interviews lasted between 15 and 40 minutes, on average about 20 minutes. Twenty professionals who had been part of PFC meetings during the pilot participated in two focus groups which were between 1.5 and 2 hours each. Interviews and focus groups explored experiences of engaging with the pilot and perceptions of the integration of lived experience into PFC. See Table 1 for guiding questions.

Table 1. *Interview Questions*

Parent Supporters (Individual interviews) 1. What has been your experience of working as a PFC Parent Supporter? 2. Reflecting on your meetings with referred families, can you reflect on what it was like sharing your story? 3. What do you think the families you have met with would have taken away from meeting with you? 4. How has the preparation, education and support you have received met your needs for this role? 5. What have been the strengths and challenges of working within the PFC team?
Families (Individual interviews) 1. What was your experience of meeting with a Parent Supporter and hearing their story? 2. What aspects of their experience did you find helpful or unhelpful? 3. How was hearing from a Parent Supporter similar or different to talking with a professional? 4. How did hearing from a Parent Supporter impact your perception of services or PFC? 5. How did hearing from a Parent Supporter impact your decision to participate in PFC? 6. Would you recommend meeting with a parent supporter to another family, why/why not?
Non-Lived Experience Professionals (Focus groups) 1. What was your expectation of the Parent Peer Support role? 2. How do you think the family's meeting with a Parent Supporter impacted your ability to build a positive working relationship with them? 3. What aspects do you think worked well? 4. What aspects could be changed? 5. Are there areas for growth in the Parent Supporter Role?

Interviews and focus groups were conducted by an experienced social worker external to PFC. All interviews and focus groups were audio recorded and transcribed. Subsequently a reflective session was facilitated with PFC Coordinators to reflect on the emergent findings. Two coordinators participated in reflective sessions, facilitated by an independent researcher.

Data Analysis

Data were thematically analysed guided by the methods of Braun and Clarke (2022). Themes in inductive qualitative studies are broad and refined throughout analysis to describe patterns in ideas from the overall experiences of participants, through interpretation by the researchers (Braun & Clarke, 2022). All three researchers read all transcripts and highlighted codes within each. Each were discussed individually and collectively with a focus on the perceptions and understandings of the participant groups. An external researcher (SI) aided with analysis to enhance reflexivity. Through reflective group conversations, themes were developed and refined for each participant group. Illustrative participant quotes were interspersed in thematic findings to add depth (Lingard, 2019) and stay close to the data.

Any qualitative analysis requires active engagement by the researchers in shaping analytical questions and findings, with reflexive activities serving to account for how subjectivity shapes inquiry and outcome, rather than presuming it doesn't (Olmos-Vega et al., 2023). Subsequently, the inclusion of reflections of the coordinators were a mechanism of iterative and reflexive analysis, which is known to aid in meaning-making during qualitative analysis (Srivastava & Hopwood, 2009). The coordinator reflections on their experiences and the data aids in articulating the entwined positioning of the dual roles as clinicians and researchers present in much clinical research.

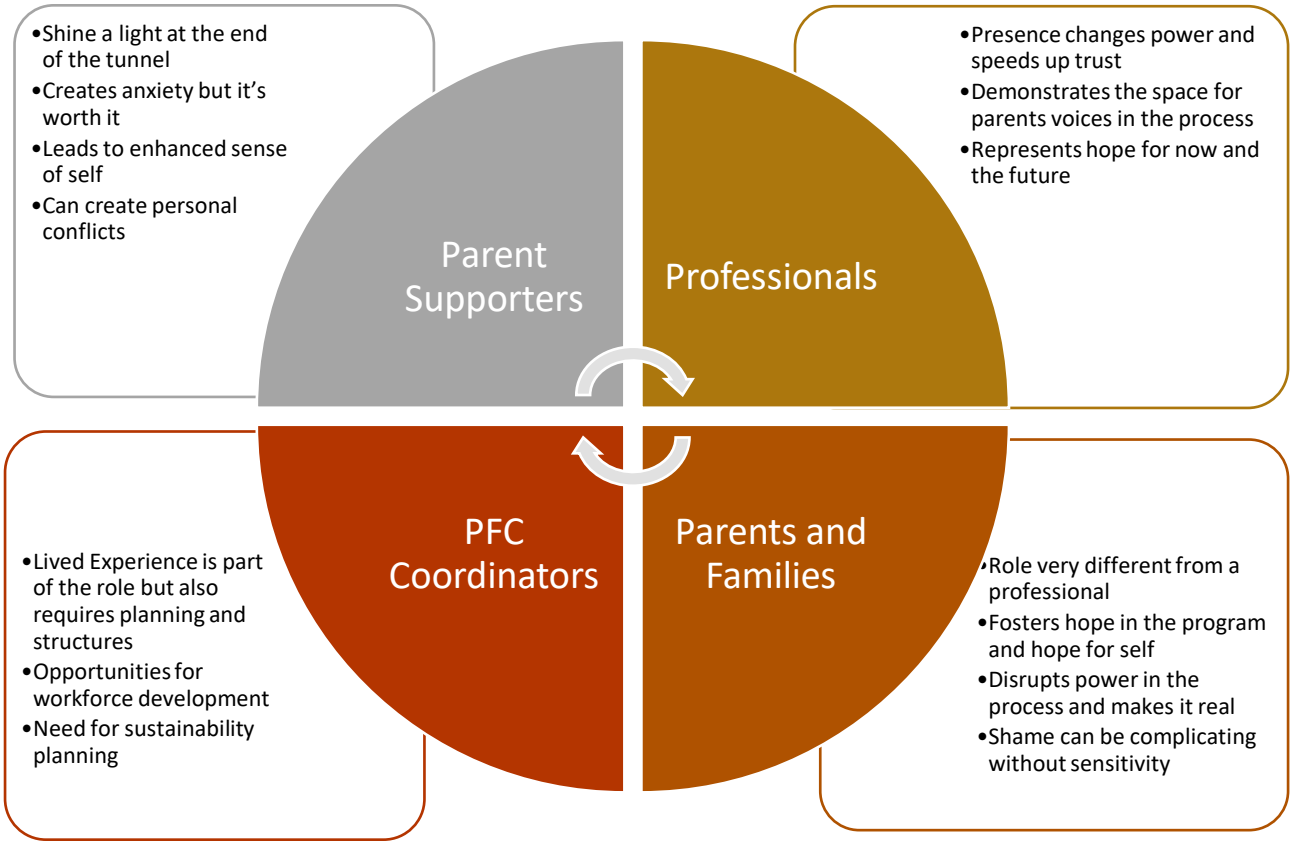
Findings

The findings explore the experiences and perspectives of families, PS and professionals, of implementing the PS roles into the PFC program. Findings are presented under each group: Parents and Families, Professionals, Parent Supporters and Program Coordinators. Themes generated from interviews are described and presented with illustrative quotes. The themes from each group are summarised in Figure 1.

Parents and Families

Interviews with families and parents resulted in four themes related to the Parent Supporter role: The PS role is very different from a professional, the PS roles foster hope in the program and hope for self, the PS roles disrupt power in the process and makes it real, and shame can be a complicating factor.

Figure 1: Themes From Each Participant Group



Very Different From a Professional

Families and parents described the role of the PS as being different to that of professionals. They identified the importance of this difference, making them feel more engaged, trusting and hopeful about PFC overall. The lived experience of the PS enhanced trust and understanding of what was involved and put them at ease. Trust with the PS was innate due to their shared experiences.

> *I'm not afraid to ask her questions because she's so open and I can get opinions from her as well because what she said to me it's really so true. Sometimes I feel like wow, you and I are going through exactly the same thing you know … makes me feel like we connect*. (Parent 1)

Knowing the PS had also been through the child protection system allowed for connection and identification. At times, having very similar experiences was beneficial, but families also observed they didn't have to be the same to benefit from the shared experience. In talking with the PS, their problems felt shared and less burdensome.

> *Because we both are like victims ourselves so it's actually different between talking to a professional. A professional is just there to hear your story but not to share their story or sharing other people's stories to you but when you are talking to the person that actually experienced the same thing as you then you share the problem together*. (Parent 1)

Fosters Hope in the Program and Hope for Self

Families developed more hope and trust in the program when they spoke to the PS. They found the engagement personal and comforting.

> *I thought that there's no hope really and then I thought that it's me, I'm the most complicated…person. But as I met [PS], and I heard briefly about her story I was feeling like wow she's such a good inspiration for me*. (Parent 1)

They felt inspired by the stories and experiences of the PS, both in navigating PFC but also in what they could do with their lives: "like it makes me think that's something that I want to do if I get to take my baby home you know…to help other mums" (Parent 1).

Engaging with the PS could lead to vicarious strength for parents and family members.

> *This woman is standing there saying to my daughter "I have overcome the situation you're in right now", so you know it's given my daughter so much more strength to do what she's doing knowing that it's been and done, you know what I mean the person standing before her has been there done that.* (Grandparent 4)

Families saw the PS as supporting parents to be able to speak up and find their own voice in PFC process. The PS were observed to demonstrate to parents that they did not have to just be quiet, they could voice their own concerns and needs "Now I feel I have a backbone to face it all" (Parent 3).

Disrupts Power in the Process and Makes it Real

Spending time with the PS was seen to disrupt power differentials between DCJ and parents, which previously overshadowed any interaction. The altered power differential meant that families could ask more questions and trust responses, leading to the process seeming more authentic. The engagement raised confidence in the process of PFC for them as a participant:

> *I just don't feel comfortable [with professionals] because I just automatically like I get scared, I don't really know how to speak up. Whereas [PS] speaks to you in a different way that makes you feel comfortable and confident.* (Parent 6)

However, families remained somewhat cautious as well: "she's on both sides sort of you know because she's there to help both of us" (Parent 8).

Talking with the PS brought the PFC "to life" and helped families to understand what the process was really like. Subsequently they felt more relaxed about the process and calmer. "I guess it's kind of made me a little bit more interested in PFC and seeing what that brings alive if that makes sense" (Parent 2). Families described that the PS explained PFC process in a way that made it feel do-able:

> *It's such a massive relief and lift off my shoulders like really emotionally wise, mentally wise. She just basically told me how it goes, how the plan goes, and like I had no idea that I could have this chance of having so much support with me*. (Parent 3)

> *She just explained everything in a way that I didn't really get from like the other people that I was talking to…because she's been down that road and she knows what they're expecting me to do.* (Parent 5)

While it didn't necessarily change the outcome, it helped parents feel clearer on what was expected and more positive about PFC: "I don't think it matters what anyone kind of says to you, it's what YOU do. But as a positive, to keep positive, it's a good thing" (Parent 7).

Shame Can Be Complicating Without Sensitivity

For some parents shame made engagement with the PS complicated. Shame related to being unsure how much of their information the PS may be privy to and how engaged they wanted them to be, as well as their cultural appropriateness. This largely arose when considering whether the PS should attend the meetings as a support, which would also mean they would hear all of the details of family situations. During initial encounters prior to meetings, parents felt they had control about how much to share but this would be lost if the PS attended the meetings. "Some things is more private as well. I'd probably prefer just the professionals to discuss about my [life] if you understand what I mean" (Parent 10).

Some identified it would be helpful for the PS to come to the meetings:

> [It] *would be kind of like something in your corner, having that person to like -not back you up -but remind you and I guess you can just look at them and remember what they said" (Parent 2)*

For Aboriginal parents, the importance of cultural relevance was crucial for minimising shame. Parents identified that there could be challenges of shame within community and it was seen as essential that an Aboriginal PS support Aboriginal parents. An Aboriginal PS was seen to understand the system, historical and ongoing issues for disadvantaged families and the importance of community

> *It would be nice to hear it from an Aboriginal support parent just because like- I'm not like saying that us Aboriginal mums go through a different type of system because it's all the same but I kind of feel like in a lot of cases we kinda get mistreated.* (Parent 2)

The deep mistrust of DCJ in the Aboriginal community was recognised to spread across generations, leading some families to not want to meet with DCJ without an Aboriginal person present. While not directly linked to shame, the engagement with the system caused deep distress and a sense of isolation which could be buffered by the PS.

> *No body was walking beside me when I needed it but now that the other youngens didn't have to go through that, they'll have support from somebody from day dot now which is really good*. (Parent 3)

Professionals

Focus groups with professionals generated three themes related to the PS roles: the PS presence changes power and speeds up trust, the PS demonstrates space for parents' voices in the process, and represents hope for now and the future.

Presence Changes Power and Speeds Up Trust

Professionals felt they worked hard to establish rapport and show empathy, but they remained aware of power and saw the PS as allowing parents to engage in a more equal and equitable relationship.

> *I think it's a very empowering model to try and balance out some of the power imbalances because I think you know whether we're health or DCJ, there's still this structure of having power over people, and I think the peer workers bring something different and more equal and equitable.* (Social Worker 1)

> *I can have empathy and attempt to build rapport, but I can't possibly, I think, connect in that kind of really visceral fear space.* (Antenatal Social Worker 1)

The presence of PS was seen to "speed up" the process of building rapport with a family which was important when time was limited by the impending birth. Professionals witnessed the power of shared experience with the PS explaining PFC and building the relationship between the families and DCJ where trust could not be presumed. Parents were often wary of DCJ and found it hard to believe what was being said. The PS assisted with building trust.

> *You can say it until you are blue in the face, but it seems someone who's actually achieved it is going to carry weight, 'cause you know, life has taught them that what you hear isn't always what you get.* (Midwife 1)

The engagement with the PS could also enhance trust with the professionals

> *Yeah, I think trust can be contagious and so if there's trust built with the person who's walked in the same shoes as the client and then you're connected to that person, there is that contagious sort of element of trust so it can be shared along just by the process of proximity and the fact that we have a similar goal*. (Midwife 1)

Demonstrates the Space for Parents' Voices in the Process

Having the PS present in the process was a symbolic demonstration of the importance and valuing of the parents' lived experience throughout the PFC:

> *Highlights the fact that we actually really think it's important to give a voice to the parent perspective and that like having that person who's been through that who's been able to use their voice through that process makes it so that…the parent can actually feel like what they're thinking is actually going to be heard and that their voice and their perspective will be valued.* (Antenatal Social Worker 3)

Having PS present made the process and language more easily accessible and made space for parents' experiences, without the need for words or justification. "There's just all that kind of, sort of unspoken, subtle kind of connection and understanding that can't necessarily be put into words" (Antenatal Social Worker 2). The role of PS was seen to be one of walking alongside the parent throughout the decision-making process in the lead up to PFC, in recognition of the vulnerability of this space. However, the role also had boundaries of how personal experiences were shared and how much the parent may want to hear.

> *There's a little bit of expectation that I would hope that that person is going to be able to have professional boundaries when it comes to certain things or feel like they are able to be in a place where they're able to lend that support and a supporting role without making the other person feel like they also need to hold the weight.* (DCJ Worker 1)

Information about PFC provided through the experiences of the PS were seen to be easier for parents to engage with than professionals' descriptions. Descriptions were realistic and not all positive but demonstrated a way through the process that may otherwise have felt overwhelming.

> *Even though, like some of those things I said or I would ordinarily say, I could just see there was so much more that looked like they took all those messages on board*. (PFC Facilitator 1)

Represents Hope for Now and the Future

The PS demonstrated hope to the parents. Hope that they could get through PFC, that they could retain their baby and also hope that there was a future beyond this period of their lives.

> *I think every one of our clients we have worked with who have had interactions with the parent supporters, now they all want to be peer workers and parent support workers. So it's obviously very empowering for them and it's nice to,*

> *you know, have that confidence and be able to look ahead and say, OK, maybe I can do this as well.* (Nurse 1)

Professionals were incredibly supportive of the PS roles and recommended expansion, through expanding throughout PFC and beyond, and employing a male PS to support fathers. Professionals had mixed feelings about whether the PS should attend the PFC meetings. Concerns about doing so included exposure to vicarious trauma, shame within communities and too many people in the room.

> *I just wonder whether adding someone else who's not really connected to the family but is connected because they've experienced the same thing… I don't know how valuable that is in the actual meeting. I think it's is really valuable before and perhaps even like post a meeting to kind of talk about some of the stuff that happened, but I'm just not sure what value it would add to the actual meeting 'cause that person is not going to be involved with the client in the long term, like unless they become friends, which I guess is another risk, right? Yeah, I yeah, I don't know. I've got kind of mixed feelings.* (PFC Facilitator 2)

Ultimately professionals concurred that this may be best negotiated with the PS and parents allowing for choice. Professionals could reflect on times when having the PS present in meetings would be beneficial and times when it wouldn't due to confidentiality and amount of people in the room. Professionals felt they held a responsibility for reducing risk for participants but also for reducing risk to the PS:

> *it's a very sensitive and challenging time…for people to hear some of the vicarious trauma…and thinking of our* [PFC]*…some of those risks that got presented probably wouldn't have been appropriate for a parent support worker to hear.* (Social Worker 1)

Parent Supporters

Interviews with the PS resulted in four themes about their roles: The PS roles shine a light at the end of the tunnel, the work creates anxiety, but it is worth it, it leads to enhanced sense of self and can create personal conflicts.

Shine a Light at the End of the Tunnel

The PS saw their roles as showing parents hope beyond this point in time and that if they put in the work, they could have a "positive outcome" and regain some control over their lives and their baby.

> *Yeah there is a light at the tunnel…people don't just have bad situations with child protection, people do have good outcomes and if possible, I also hope they can see that it's not just about them saying "ok this is not what you're doing we're going to take your child you don't even have a chance at doing things." I don't want them to see it like that, I want them to see…they are being the driver to their story.* (PS1)

Creates Anxiety But It Is Worth It

The PS described feeling nervous before meeting parents but finding the work rewarding and meaningful. They felt anxiety about being perceived as representing the

child protection system and also about sharing their own stories. They described feeling unsure how parents would respond and they didn't want to say the wrong things. The work felt professional and personal as they were motivated by their own experiences and wanting to support others:

> *I have my moments of anxiety and worry and stress because like I have so much passion and want to do something good and have something come out of my own experience…so it doesn't feel like…I made all these mistakes for no reason, I can actually help someone else.* (Parent 1)

Despite their worries, the PS described that the work felt "worth it" when they saw benefits for other parents, such as parents engaging who may not have previously and parents retaining care of their infants at birth.

Leads to Enhanced Sense of Self

The PS work led to an enhanced sense of self as they saw what they had been through could be helpful and inspirational to others. Beyond the work, this flowed on to feeling more confident in themselves as parents and as people.

> *To help someone else, to be seen…it's sort of an example of what can happen, it sort of gives you a positive feel. Because hey…I must be a good parent because I can sit here and talk and be an example for this parent… to hopefully get them to understand the process and do what they need to do…I don't feel like I'm having success unless I'm getting acknowledgment… it's sort of a self-acknowledgment as well.* (PS1)

The PS drew strength from the work with benefits across their personal lives. "It's actually been one thing that's also helped me… to make the right decisions and choices even after I've already had my own success" (PS2).

Can Create Personal Conflicts

Through their work with PFC, the PS had come to develop an enhanced understanding of the role and motivations of DCJ which shifted their perspectives:

> *Everyone wants kids to stay in their parents' care and I guess that's a common goal and interest which makes it all work. Everyone is working together towards the same place.* (PS2)

However, this perspective also created personal conflicts due to their own interactions with DCJ. Three of the four PS had had children removed by DCJ prior to engaging with PFC and retaining care of their babies. While PS described feeling well supported and connected to PFC and DCJ staff, they retained fear and anger from their own experiences which were difficult to resolve.

> *I guess I have two sides of two feelings about DCJ themselves [and what] takes place when you keep a child or have a child removed from your care. I guess I had a lot of angry emotions initially… the training has also given me the opportunity to see things from a different side… To be absolutely honest like me even doing this role is me working against my own feelings and emotions in regards to the department themselves… I'm not completely trustworthy of them either even doing this role and then I've got to sit in front of a family and*

> *say ok this is my story this is what happened to me you can have a good outcome if you want to.* (PS1)

The PS described the importance of being genuine with families and their desire to ensure authenticity in what they promoted and supported. Their own experiences could lead them to feel unsure of DCJ, despite their support for PFC

> *I was really concerned about what our position was actually like because we're trying to make families feel comfortable with working and engaging with services. We're trying to tell them to put your trust and faith in the system to do good for you and if you do that then it will. But at the same time I have concern that I have distrust for the service not doing the right thing by families.* (PS1)

The longstanding fear of services was hard to shake despite their positive experiences in the role. As parents they continued to observe the power of DCJ and at times felt the personal effects of this power, not just the impacts on families: "I feel comfortable and supported but I guess I still am mindful… a challenge is I am working for an organisation that I have to watch what I say to" (PS3).

Program Coordinators

Coordinators reflected on the findings in relation to the feasibility and sustainability of the PS program. Coordinators reflected on the significant achievements of setting up the PS program and the benefits of having the PS workers, with a focus on opportunities for enhancing and sustaining the work. Coordinators identified that delay in evaluating the program had allowed them to see past initial achievements of establishment to develop a more nuanced understanding of the challenges of embedding lived experience positions within systems such as health and DCJ.

> *If you had asked us initially [for feedback] we might have been incredibly positive…we might have said "lets expand, let's involve them in everything." But there has been value in seeing the challenges and seeing the cracks emerge…now I see the need to have things in place to support that process, rather than responding to it in a crisis*. (Program Coordinator 1)

Their reflections resulted in three key recommendations related to PS roles: opportunities for workforce development; lived experience is part of the role but also requires planning and structure: and there is a need for sustainability.

Opportunities for Workforce Development

Coordinators identified that additional aspects of workforce development for the PS roles had become apparent over time. While the PS had a lot of support and education during role establishment, there were challenges that only emerged after the first year of operation. Coordinators identified a need for increased PS positions to ensure a team and to ease burden on individual PS. A team would also create a collegial environment and ensure capacity for engagement in stakeholder commitments, service planning, education and contact with families. Having more positions could enable continuity when the PS were not available.

Clarity of role and scope was identified as being necessary to include clear articulation of the period of employment including structured reviews and procedures. Opportunities for more specific and targeted training were also apparent. Many of the PS had not worked in such an environment before and there were identified needs for additional support around expectations of the workplace, ways to communicate, confidentiality, and boundaries. In addition, mechanisms of supervision required enhancement. Supervision was built into the program but the tensions between mandatory and voluntary supervision meant that often the PS only engaged when needed. Coordinators saw that regular ongoing supervision could be critical for managing the intersections between personal and professional. Alongside professional supervision, they felt that there should be an additional organisational responsibility to ensure the PS have access to long-term therapeutic support externally to promote workforce sustainability and individual wellbeing during and beyond their employment.

Lived Experience is Part of the Role but Also Requires Planning and Structures

The lived experiences of the PS were recognised to be at the heart of the work. Coordinators observed benefits of lived experience for guiding families through PFC. They also observed over time the challenges of supporting the PS and witnessed the significant changes since establishment in the lives of the PS. Coordinators reflected on the risks of vicarious trauma for the PS and the need for trauma-informed strategies to prevent harm. This included ensuring the PS role was clear in its focus on purposeful disclosure of lived experience and not overly disclosing or sharing experiences of violence or harm.

Coordinators identified a lack of existing policies, procedures, and dialogue around how to best support the PS when challenges in their own lives impacted the work. Coordinators identified a need for procedures to ensure the PS were able to be supported to take breaks from work when their own life challenges were interrupting their ability to work- without this decision feeling unexpected or personal. Coordinators identified a need for tools and escalation processes for when the PS may not be able to undertake their roles, as well as reintegration to work processes once the PS were ready to return.

Conversations about lived experience and expectations of current functioning could be difficult and required additional consideration and transparent communication. Coordinators observed the entwining of the roles with the PS sense of self which also brought challenges:

> *When part of the person's identity is built on having got through, how do we make it safe to talk about when things aren't going so well without amplifying a sense of failure?* (Program Coordinator 1)

Coordinators felt that at times the PS did not disclose challenges they were facing in their own lives due to fear of judgement or reporting, but also due to a sense of shame and failure. This was distressing for the PS and coordinators. "when things are not OK…when we ask them to step aside…the response is 'this is the only thing that's kept me going for a long time'" (Program Coordinator 2).

Need for Sustainability Planning

Coordinators identified the need for careful reflection to ensure sustainability of the program and to ensure ongoing systems of support for the PS. They identified a need for development of governance and reporting mechanisms and tools as well as policies and procedures to support the PS wellbeing. Sustainability planning would include consideration of the day-to-day functioning of the roles, as well as establishing clearer pathways of starting and ending the role. Coordinators identified that clearer pathways could support the intake of new PS as there were many parents who participated in PFC who expressed an interest in becoming PS. In addition, Coordinators felt a responsibility to ensure that the PS were supported at the completion of the employment period to minimise the impacts of the loss of meaningful employment. Coordinators identified a need for consideration of how PFC could best support the PS throughout their period of employment and to ensure that PFC was enhanced through lived experience inclusion, while not compromising individuals or families with historical relationships with DCJ and health and ongoing psychosocial vulnerabilities.

Discussion

The findings of this case study show benefits of lived experience inclusion in child protection processes for families, staff, and services. The findings also highlight that introducing lived experience positions into systems requires significant reflection, structures, and flexibility to ensure wellbeing and sustainability for those working in the roles. Parents engaged with PFC identified the importance of the PS in increasing trust and connection in the lead up to PFC, increasing parent agency and empowerment in the program and aiding understanding of what PFC involves and requires. Benefits extended beyond the program, instilling hope for parents that they could get through this period of their lives and find meaning beyond it. Professionals identified benefits of working alongside the PS, with the roles altering inherent power differentials that impeded parent trust and engagement, while speeding up their own rapport building through trust transfer. Professionals saw the role as a partnership with parents that brought some complexity but demonstrated the importance of the parents' experience in the process and embodied hope. The PS articulated their understandings of their positions as guiding parents through a difficult time and using their own lived expertise to demonstrate possibilities within and beyond PFC for parents to regain agency and meaning. The challenges the PS experienced in their personal lives at times created moral tensions, as their PS identity was based on having "overcome" their challenges and retaining care of their children and as such, when their personal circumstances changed, it could feel like a failure of role and self. However concurrently, the work was also seen to be worth the challenges due to the enhanced sense of self and meaning, both in the present and in relation to the past. Program coordinators reflected on the experiences of the stakeholders, and their own experiences and identified the importance and benefits of the PS roles, while also noting areas requiring ongoing attention to ensure feasibility and sustainability beyond the initial successful implementation period. All stakeholders expressed commitments and desires to continue to support the PS roles as a crucial component of PFC unable to be achieved through other means.

While peer support workforces have been identified as "best practice," there remain policy and practice limitations on how to best integrate roles into existing services (Rebeiro Gruhl et al., 2016). While the benefits of peer support have been acknowledged in child welfare systems for over 20 years (e.g., Cohen & Canan et al., 2006; Frame et al., 2006; Lalayants, 2020), there remain significant gaps in evidence about their benefits and how best to integrate formal positions into services (Saar-Heiman et al., 2024). A systematic review in 2022 identified only four papers researching formal peer support roles, none of which were from Australia (Saeteurn et al., 2022). Certainly, the employment of lived experience workers within child protection services is an emerging field with more implementation, evaluation and research required.

Evidence from mental health settings, where peer workforces are more developed, shows that peer workers are known to experience challenges with vulnerability, boundaries and maintaining authenticity (Byrne et al., 2017), as echoed by the parent support workers in the current study. It is important to recognise that these challenges are inherent to the roles and not reflections on the individuals. Challenges with the use of self-disclosure and a lack of adequate support and supervision (Kemp & Henderson, 2012) have been recognised, alongside difficulties in maintaining authenticity with clients while conforming to organisational expectations (Miler et al., 2020). Boundaries are known to be a challenge for peer roles when there are only sole employees or isolated positions, in systems where there is limited understanding of the purpose of peer work, and where the scope of duties have not been clearly documented (Rebeiro Gruhl et al., 2016).

A 2022 study and review of peer roles in mental health services (Janoušková et al., 2022) identified that a lack of clarity of role expectations for Peer Support Workers leads to challenges including discrimination, difficulties in transitioning from patient to peer worker and struggles with identity. The review identified that while roles evolve and change, there is a need for clear definitions, scopes and "rules," otherwise peer workers experience a multiplicity of expectations with boundary challenges which can lead to stress, exhaustion and burnout. The current study also echoed the need for clear scope, however, any defined scope should retain flexibility, while being clear in expectations (Shepardson et al., 2019). Developing and articulating shared expectations are recognised as essential for supporting peer workers into the workforce and sustaining roles (Berry et al., 2011).

There are systemic implications of employing people with lived experience into the same systems from which they have historically or ongoingly received care. The challenges of boundaries and authenticity are not all the work of the incumbents and instead reflect a need for paradigmatic shifts to ensure lived experience is valued within the structures of employment. The coordinators in this study found themselves experiencing moral and professional tensions in responding to wellbeing concerns about their colleagues, without clear pathways or guidance. While early literature on peer work in systems such as mental health identified that the roles could be stressful and could lead to relapse (Repper & Carter, 2011), as research builds in the area it has become clear that when peer workers have acceptance, value and systemic support, they are no more likely to be negatively affected by the work than any other employee (Gillard et al., 2022). Yet, studies have described a tension that can occur for people with lived experience who are expected to both fulfil a role of experiential identity,

while conforming to professional rules and regulations (Simpson et al., 2018; Voronka, 2019).

Similarly to the findings of the current study, literature from mental health settings also identifies that undertaking peer roles can benefit the incumbents overall quality of life and sense of purpose (Wall et al., 2022), however challenges have been noted by both peer workers and non-peer workers with identifying and responding to concerns about peer worker wellbeing, if they work at the same services from which they have received or are currently receiving services (Miyamoto & Sono 2012). One proposed strategy to address this concern requires support with the transition from client to staff member, with clear boundaries of who and how personal struggles should be communicated, with acknowledgement that the role sophistication required to enable this requires attention, proactive planning and direction at an organisational level (Moll et al., 2009). Clear delineated action plans are known to circumvent difficulties and worry before issues arise (Moll et al., 2009). Similarly, there are examples of readiness assessment processes for services, developed to support family violence victim survivors engaged as survivor advocates both for employees and organisations (Parker et al. 2020). Such tools could be adapted for the PS both prior to recruitment and regularly revisited during their period of employment. Through a recovery lens, acknowledging the lived experience that forms the basis of peer support work also requires acknowledgment that experiences may be ongoing and stages of recovery non-linear.

Engaging with both professionals and peers is known to benefit parents engaging with child protection service, with both offering complementary, but different aspects of care (Frame et al., 2006). Peer support can enhance trust and engagement with child protection services with benefits apparent for parent supporters, professionals, and parents. However, rates of secondary traumatic stress known to be high in child protection workers of all disciplines and potentially higher in those who have their own lived experience (Bride et al., 2007). Subsequently, care is required to ensure the wellbeing and sustainability of peer support workers working in systems in which they have recently been engaged as clients. Despite being a small single site qualitative study undertaken within existing resources and led by PFC staff, this case study is the first of its kind to reflect on the inclusion of lived experience staff in a voluntary child protection intervention program in Australia. The findings indicate meaningful benefits of doing so, alongside a need for establishment of clear scopes of practice supervision, workforce safety plans and governance.

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Author note: Address correspondence to Sophie Isobel, Susan Wakil Health Building, Faculty of Medicine and Health, University of Sydney, Camperdown NSW Australia 2050. Email: sophie.isobel@sydney.edu.au

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ORCID: Sophie Isobel, *University of Sydney* https://orcid.org/0000-0002-1027-5847