

Article

The Impossibility of ‘Good Mothering’ in Child Welfare Systems When Referred for Non-Traditional Harms

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Abstract: Due to harmful narratives within child welfare and child protection services and systems, mothers in contact with these services who aim to meet the symbolic representation of the ‘ideal mother’ frequently find themselves being portrayed as the ‘bad mother’, even when their referral is ‘non-traditional’ (i.e., not specifically due to their perceived harmful actions or inactions). Through ‘ideal mother’ symbolism and narratives, there is disenfranchisement of service-engaged mothers; they are mistreated by services, which is normalised by wider discourses around motherhood. Mothers within these child welfare systems consistently experience judgement, the problematising of their parenting practices, and disempowerment despite not being the direct cause of harm to their children. This creates a sense of shame and makes the injustice of mothers’ experiences within child welfare systems invisible. This is a conceptual paper combining data generated from previously published work and a lived experience example (work with young mothers; mothers in contact with the criminal justice system; mothers with children who cause harm; and those with children experiencing extra-familial harm) using qualitative, participatory, and action-based approaches, and through emancipatory interview processes, disenfranchised mothers described their contact with child welfare and child protection systems as a source of structural, political, and/or societal injustice. Thus, such qualitative emancipatory work provides ways to acknowledge mothers in contact with child welfare services due to non-traditional harms, as they are a disadvantaged group who are too often disempowered to action change. Thus, we argue that participatory and action-based research should be a preferred method of exploring mothers’ experiences of child welfare systems, opening routes for reforming, as well as understanding systematic potential of services as oppressive and problematising rather than supportive and empowering.



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1. Introduction

Child protection services within the UK context originated in 1883 and were designed to protect children from the harmful (in)actions of their caregivers, particularly neglect and/or physical abuse (Bilston 2019). In 1889, the first legislation was passed to allow the law to intervene between children and their parents if there were child protection concerns (Bilston 2019). Due to its link to the law, child welfare work—particularly relating to the care and control of mothers and children—was situated within policing, being conducted by specialist women police officers until the 1960s (Buckley 2015). Thus, when we refer to ‘traditional’ child protection and child welfare concerns, these relate directly to the assumed harmful (in)actions of caregivers towards their children and practice of child welfare work

as family policing (Powell 2021). However, there is an increasing recognition that the systems that were traditionally developed to protect children from being harmed by their parents are not fit for practice, particularly in cases of non-traditional harms, which relate to children being at risk due to structural, contextual, or interpersonal harms rather than actions or inactions occurring within the family home.

As child protection services and child welfare systems were designed to give legal powers to those who may need to intervene with the family, this expanded within policing and then social care to engage in “an important preventative role” (Buckley 2015, pp. 630–31). The prevention of harm often meant identifying the families who had “terrible homes” (Buckley 2015, p. 631), were “depraved” (ibid, p. 637), or there was evidence of “female delinquency” (ibid, p. 626), noting that such delinquency did not refer to criminality but rather the promiscuity of mothers. Thus, both the criminal justice system and child welfare systems globally are rooted in classism, racism, and misogyny (Michalsen 2019).

Historically, mothers were frequently judged by other women (women police officers, then social workers who were—and continue to be—predominantly women (Koutsounia 2024)), often throughout their lives, based upon their lifestyles. These lifestyles were framed as evidence that these women were ‘bad mothers’. Thus, there is a harmful but pervasive narrative that only those who have lifestyles that have the potential to harm their children, labelled as ‘bad mothers’, can be service engaged with child protection services (Buckley 2015; Swift 1995). Despite this, there is substantial evidence that most mothers in contact with child welfare systems are more than ‘good enough’ (Saar-Heiman and Gupta 2020). Thus, these contractions place mothers in contact with child welfare systems at risk of moral injury.

1.1. Moral Injury

Moral injury, which refers to the harm caused within “high stakes situations that contradict one’s deeply held moral framework; that is, beliefs about right and wrong that one has long held as sacred”, has been found in parents involved with children’s services, regardless of whether they were the cause of harm to their children or not (Haight et al. 2017, p. 477; McGillivray 2021).

Shay (2002) stated that the most pernicious component of moral injury was the destruction of social trust, which he defined as “the expectation that power will be used in accordance with ‘what’s right’” (ibid, p. 742). However, ‘parents’ who have experience with child welfare systems often view the systems’ power to be used in a way that is “morally problematic and distressing” (Haight et al. 2017, p. 482). Research by Haight et al. (2017) referred to parents in their work on morally injury to parents due to child protection practice; however, 90% of the participants were mothers, thus demonstrating that it may be mothers who are particularly impacted by moral injury when in contact with child protection services rather than fathers. This connects to arguments that child protection is enacted globally in a way that is rooted in misogyny (Michalsen 2019).

One of the core reasons for this moral injury in the work of Haight et al. (2017) was the disconnect between moral expectations and lived experience of services: “Instead of receiving the help from professionals they expected, their son was removed from the home and placed in an institution” (p. 481). Furthermore, this research consistently demonstrated that mothers found that “unless you’re willing to fight for what’s going on... You’ve got to overlook the fact that there’s inconsistencies, there’s blame, there’s shame” (ibid, p. 482). Thus, regardless of whether mothers seek support from child protection services or the services begin intervening without consent, mothers frequently experience statutory services and interventions that are harmful to themselves and their families, situating them in the role of the ‘bad mother’ regardless of the reason for the contact with such services.

1.2. Good Mothers

Narratives around ‘good mothers’ are used as a method of social control (Barnett et al. 2016; Heward-Belle 2017; Rich 2021; Singh 2017; Stewart 2021). This is particularly evident in patriarchal motherhood, whereby motherhood has been constructed utilising essentialist principles as a method of controlling and oppressing mothers (O’Reilly 2019, 2021; Rich 2021). This means that to meet the criteria of a ‘good mother’, women must engage in intensive mothering whereby the needs of their children are not only their *primary* concern but their *only concern* (O’Reilly 2019; Rich 2021). This framing not only constrains the freedoms of mothers but facilitates discourse where mothers who engage in any activity that does not directly relate to the promotion of their child’s health and wellbeing could be judged as not only ‘bad mothers’ but ‘deviant’, as they do not meet what is otherwise considered innate through this perspective (Rich 2021).

‘Good mother’ symbolism has been observed to be weaponised within coercively controlling relationships, whereby the freedoms of mothers have been restricted to the home by their controlling intimate partner; otherwise, they are called ‘bad mothers’ and ‘threatened’ with social work contact (Heward-Belle 2017; Maher et al. 2021; Stewart 2021). Furthermore, the power of the state when working through child protection services has also been deemed coercive within and beyond the UK (Rennerskog 2021; Stewart 2021). Thus, patriarchal motherhood is a weapon designed to “constrain, regulate and dominate women and their mothering” (O’Reilly 2019, p. 29). The shame and judgement directed at ‘deviant’ mothers are magnified when they are prison-experienced mothers (Baldwin 2022). ‘Criminal mothers’ who offend against the law *and* ‘patriarchal motherhood’ are subjected to harsher social judgments and harsher sentences (Minson 2019). The expectations placed on women to meet the patriarchal conceptualisations of ‘good motherhood’ are too contradictory and opposing for any woman to meet, and thus, all mothers are set up to experience guilt and judgement as they continually strive to meet this ideal (Büskens 2001).

1.3. Child Removal

As the legal structures around child welfare and child protection were designed so that the state had the power to intervene with the family, child removal is the most significant level of family intervention. On the balance of probability, within the UK, if there is reasonable cause to believe that a child is likely to suffer or is currently suffering significant harm, care proceedings can be enacted by the family’s Local Authority (local government) under Section 31 of the Children Act 1989. The fear of these Local Authority powers is particularly significant with mothers who have had previous children removed from their care (Morriss 2018). Much of the stigma and shame attached to mothers who have had their children removed or are at risk of child removal find their mothering identity compounded by attacks on their class (as working-class mothers), age (particularly teenage mothers), race (Thomas 2023), and relationship status (lone parents), thus framing young, single mothers living in poverty as the antithesis of a good mother (Morriss 2018). Whilst this is not the case of all mothers who have had their children removed, the intersectional forms of oppression they experience when in contact with child protection services and child welfare systems further disenfranchises them.

Similarly, due to harmful colonising rhetoric regarding Indigenous and First Nations people, child welfare processes result in the unnecessary removal of children in New Zealand (Hyslop 2022), and in Canada, child removal could result in child death due to systemic abuse of First Nations children (Sinclair 2016). Such disenfranchisement and systemic abuse have been challenged through various abolitionist movements globally. For instance, the upEND movement in the United States of America emerged through critiques of the punitive child removal practices, which disproportionately impact Black children (Dettlaff

et al. 2020). The upEND movement is similar to the majority of abolition movements, which seek to move child welfare from child protection systems into community-based responses: “this is not the ending of care—this is the ending of the institutionalisation that has posed as care for too long” (Dettlaff et al. 2020, p. 511; Michalsen 2019). Similar approaches can be seen in New Zealand (Silver 2024), Canada (Pirie 2024), and the UK, where our projects are based (Hunter and Wroe 2024).

Due to the highly problematic development of child welfare systems, the aim of this paper is to explore how the symbolism of the ‘ideal mother’ and narratives around ‘good mothers’ represented through patriarchal motherhood is weaponised against mothers in contact with child protection systems and services and how this is both morally injurious to the mothers requiring support from such services.

2. Positionality

2.1. Donna

As a mother, when my daughter struggled with her mental health after the loss of my older daughter due to suicide, I asked child protection services for help when we were unable to cope; this was a huge struggle for my daughter and for us as a family. We tried a lot of local services and had some helpful support from volunteers based in local community services. We tried to get further support, as the services that were supporting us were finding it difficult, and the concerns for my daughter were a lot bigger than they could support us with. We were on the verge of losing our home due to the damage caused by my daughter. She was not attending school, and my own mental health had hit a low, and my younger son was scared of the whole situation. I was advised to ring the police every time my daughter’s behaviour became violent, which resulted in me being put in hospital twice. There were 21 referrals made to the police, with neighbourhood officers coming around. Eventually, we were told that a social worker was going to pick up our case. They placed my children straight into child protection; two days later, I lost my daughter, as she was taken into care. I felt hurt and let down, as I had cried out for support for over a year before it got as bad as it did, and we could not get any support, which could have prevented us being split as a family.

2.2. Rachael

I am an inter-disciplinary social researcher with a professional background in social work practice and the creative arts. My research focuses on how the development of Contextual Safeguarding can help to create humane social care practices in response to adolescent harm. I am committed to holding and bringing together the values embedded in relationship-based practice, where emotions are taken seriously, along with critical, ecological/ecosystem thinking, which encourages contextual and structural changes. For this reason, I conduct research that is all about working in partnership with practitioners, parents, and young people using embedded, ethnographic, collaborative, creative, and participatory methods to think, feel, learn, and create change together.

2.3. Kate

I am interested in the impacts of custody on women’s mental health and wellbeing, as well as their experiences on release and on the consequences of maternal incarceration on children and families. Most women in the prison population, and those who are in and out of prison and probation systems, are mothers and are the primary carers of children. It is estimated that around 60–70% of women in prison in England are mothers (Prison Reform Trust 2022) and that between 17,000 and 21,000 children are impacted by maternal incarceration (S. Kincaid et al. 2019).

2.4. Nikki

My body of work relating to children who cause harm is predominantly participatory and creative. I am mostly a qualitative researcher, interested in how families seek support in the early stages of harm and what their experiences of this has been, particularly when this harm is non-intentional, such as the explosive and harmful impulses children experience, which can lead to child and adolescent-to-parent violence and abuse (CAPVA). My ontological perspective is post-positivist and interpretivist, whereby I believe that the world is observable and knowable, but what is known is dependent upon interpretations based upon the perspectives and variable realities of the observer. Thus, in work with mothers and their children, how mothers, children, and the professionals there to serve them experience interventions and support may be very different. Thus, there is 'truth', but truth cannot be known. Epistemologically, I am a feminist following matricentric politics that mothering is a particular practice, with mothers facing specific oppressions under patriarchy (O'Reilly 2021).

2.5. Carlene

I am committed to applied, accessible, and usable research. Over the course of my career, I have used research to inform the development of safeguarding and child protection policies, including statutory guidance and funding programmes. My research draws upon and contributes to two qualitative research methods. I have used case file review methods to understand social work responses to extra-familial harm (meaning the harm is occurring in contexts outside of the family unit (e.g., schools, exploitation, and community)), gradually developing a contextual case review method that has informed both individual case reviews and macro-analyses of serious case reviews and domestic homicide reviews. I have also worked with colleagues to develop a multi-method approach to building case studies of local organisational responses to extra-familial harm, first auditing current practice and then co-creating new practice approaches. This work has involved embedded research methods including meetings observations, reflective workshops and whole-system review sessions to track system changes at an organisational level across multiple years.

3. Methodology

This paper is a conceptual paper combining data generated from previously published work and an author's lived experience to explore how mothers in contact with services due to non-traditional harms experienced the intervention of child protection service. All of the work is qualitative and multi-modal, meaning that each example attempted to understand the lived experience of mothers through several approaches. All the methods employed are qualitative and emersed in the lived experience of the mothers in contact, or those that have been in contact, with child welfare systems or child protection services.

3.1. Donna—Lived Experience

I am a lived experience advisor who has consulted on organisational change within my local authority (local government). I have worked across organisations supporting individuals and families where they are seeking support for substance misuse, housing, and/or mental health. I have been involved in several research projects aiming to improve child welfare processes as a co-researcher.

3.2. Rachael—Research with Young Mothers (2016–2020)

I draw, in this paper, on a study of the practice model used by the Family Nurse Partnership (FNP): an intensive home-visiting psycho-educational programme, delivered by specialist 'family nurses', for first-time parents (overwhelmingly mothers) under the

age of 25. I used an integrative theoretical framework, comprising social constructivist, critical real and psycho-social perspectives, which provided a multi-systemic lens that could monitor the interpersonal alongside structural elements.

In Stage 1 of the study, I was embedded with an FNP team for eight months. I used systemic and psycho-socially informed practice-near methods (Cooper 2009) to observe the home visits and office activities of the five-nurse team, undertaking informal ethnographic conversations and reflexive writing ($n = 100+$ observation records). I conducted qualitative interviews with parents ($n = 9$), grandparents ($n = 2$), family nurses ($n = 10$), related health/social care professionals, and leaders in FNP's National Unit ($n = 12$) to understand the wider system. This was triangulated at Stage 2 with focus groups in three new FNP areas, comprising young parents (eleven participants); family nurses (nine participants); and multi-agency professionals (six participants). I used an adapted version of The Listening Guide (Gilligan 2015) to analyse the dataset, supplemented by manual thematic analysis.

3.3. Kate—Mothers in Contact with the Criminal Justice System

For this paper, I draw on three funded projects that have combined qualitative and participatory methods. The first is an ongoing evaluation of a specialist family support intervention, *Early Days in Custody* (EDiC), aimed at softening the shock of prison during the first two weeks of custody for women, her family, and loved ones. This is an especially high-risk period of custody when women are at much greater risk of suicide and self-harm (O'Brien and Straub 2023). The research for this project has involved qualitative interviews with imprisoned women (and men), family members, and participatory events held on prison induction wings. The second project is based on an evaluation of a parental rights and advocacy project, *Parental Rights in Prison* (PRiP), aimed at supporting mothers in prison who have had children removed from their care, prior to prison, or because of a custodial sentence (O'Brien and King 2023). This project is unique in providing guidance to mothers navigating family court and child protection proceedings from inside prison and offering specialist legal advice around contact and post-adoption support. The research for this project combined qualitative interviews and a participatory theatre project, which involved a group of mothers co-producing a play about maternal incarceration with the Open Clasp Theatre Company. The final project was based on an evaluation of *The Believed Project*, a prison-based counselling intervention delivered by a rape crisis project aimed at supporting women in custody who have experienced sexual violence and abuse (O'Brien and King 2023). This project involved qualitative interviews with women and participatory research events involving women who engaged in a 12-week group-based intervention.

3.4. Nikki—Mothers of Children Who Cause Harm

My work relating to CAPVA includes ethno-mimesis with mothers of pre-adolescent children (Rutter 2021); interviews with parents (Rutter 2022, 2023); consensus-building methods, such as Delphi questionnaires (Rutter 2022); diary-based methods (Rutter 2022); creative workshops (Rutter 2024); and feminist collaborative autoethnographies.

3.5. Carlene: Mothers of Children Experiencing Extra-Familial Harm

For this paper, I will be integrating findings from a study on the efforts of three children's social care departments in England (referred to as sites hereafter) from November 2022 to April 2023 to trial 'risk outside of the home' (ROTH) child protection pathways (Firmin and Manister 2023). The pathway is based on s.47 of the Children Act 1989 but is used solely for young people at risk of significant harm that is principally extra-familial, meaning the harm is occurring in contexts outside of the family unit (e.g., schools, exploitation, and community). On a ROTH pathway, if a social work assessment evidences that a threshold of significance has been reached, a multi-agency 'child protection conference' is

held and independently chaired to agree to a plan to increase a young person's access to safety and reduce risk.

As ROTH pathways are focused on extra-familial harm and the contexts in which such harm occurs, parents/carers are considered protective and take a position as partners in the delivery of the pathway rather than the subject of it. A team of three researchers used qualitative methods to collect data across the three pilot sites, which included a sample of written documents, including assessments and plans ($n = 19$); observations of ROTH conferences ($n = 9$); and interviews and focus groups with the professionals, parents/carers, and young people who participated in the pilot (11 in the focus group, 11 in the interviews).

All data were initially collected to identify the common features, opportunities, and challenges of the ROTH pathways to assist any future scaling and/or independent evaluation that may be conducted (Firmin 2024). For this secondary study, we focused on the data collected from interviews/focus groups with parents/carers ($n = 9$), seven of whom were mothers, one who was a father, and one who was a grandfather, and with professionals (in respect of how they described parental experiences of ROTH pathways), thematically analysing them to explore the extent to which the ROTH pathways facilitated statutory responses that worked to the benefit of the mothers of young people impacted by extra-familial harm.

3.6. Methodological Summary

All of the authors engaged in methodological processes that recognise the importance of centralising the experiences of mothers who have experience with child welfare systems in the research, whether this is due to the changes the authors hoped to create within the systems to benefit mothers (Carlene and Kate), the participatory approaches to conducting research with mothers (Nikki), or the focus on mothers' voices and the ways in which their experiences can be presented (Kate and Rachael).

4. Findings

From all the case examples collated for this paper, either individual experiences or bodies of work, all exemplify specific areas of social work practice that do not fit neatly into child protection processes and design. The works are both contemporary and emancipatory in that they have been designed to understand the lived experiences of mothers through qualitative methodologies or approaches, which produced some in-depth findings regarding how mothers experience children's services.

4.1. Donna: Asked for Support to Help Her Manage Her Children at Home and Get Them the Support They Needed to Keep Them Together as a Family, but Social Workers Did Not Listen to the Needs of the Family, and Instead Removed AUTHOR3's Daughter

Throughout this experience, I was happy to work with services and was engaging with lots of people from lots of agencies who were shouting out to the systems that were meant to protect my children that me and my family needed support for a long time before social services eventually picked up our case. When social services eventually became involved, my family was put under a child protection plan, but I felt judged that my children were getting placed into this because of something I felt was not in my control. I felt let down and like I was not being heard: my child did not need protecting from me, we just needed support as a family, particularly around my daughter's mental health, and I felt we did not get that.

As a parent, not being listened to and being judged, this can belittle you as a parent and make you feel you're not good enough when you're going through what already is a tough time. It is important people look at the bigger picture and look at the whole needs of the

family and not put more pressure on families which then can result in parents not feeling able to ask for help.

4.2. Rachael: Mothers Were Viewed Socially Through a Deficit-Focused Lens but Experienced Positive Relationships Through the FNP; Their Role as Mother, Rather than Their Needs as a Young Person Living Through a Transitional Developmental Period, Was Prioritised

Young mothers spoke extremely positively about their experiences with family nurses, describing trusting relationships that were close and warm. This is a design feature of FNP, which is voluntary and offers long-term home visiting, where nurses emphasise mothers' strengths and foster self-efficacy. As this mother explained:

I always enjoyed [family nurse's] visits because I didn't really have anyone come and visit me or anything, and it was nice to talk to someone, even if it was just like, I had a little rant (Interview with parent and nurse)

The observations of home visits, however, did not reveal any particular techniques or approach that could explain the intense bond between mothers and nurses. Taking a layered, deep listening analytical approach that invited contextualisation, I saw that the explanation lies in the contrast between the family–nurse relationship and how young mothers experience their everyday lives (Owens 2022). On a daily basis, young mothers face stigma, judgement, and abuse from strangers in public places and from health and social care professionals, so the contrast with family nurses was quite profound:

So, my friend goes to get her baby weighed and the people there, she doesn't know them, and they tell her that she's doing things wrong with the baby, but they don't even know her or anything, so it's much better having you" she says, looking at Julie (Ethnographic notes of home visit)

The dominance of the deficit narrative, coupled with their individualised, case-work model, left family nurses with little opportunity to reflect critically on how young mothers are vilified for not complying with societal norms and have no avenue for engaging in collective action to resist this 'upstream' (Kamp and McSharry 2018). Instead, nurses poured their efforts into building contrasting relationships with young mothers, attempting to mitigate the wider harmful context despite how unrealistic this might be, which is described by this family nurse:

It is a programme which is designed to dig deep, and I don't know if that's a good idea. Digging deep is great if you've got a fantastic teenage mothers' group. You've got mental health on tap that works with teenagers, that understands how to communicate and not just discharge them when they can't get through to them after two calls. Digging deep is great if you've got those services. Sexual health on tap, you know, like. . . believe me, digging deep is really hard when you've got no services because you end up with it all on your shoulders and I'm learning, but it goes against me, how I am, because I will naturally do that to get to know these people so well. (Interview with nurse)

Supportive and nurturing family nurse relationships could not entirely mitigate young mothers' experiences of 'inferiorisation' (Fearnley 2018). Mothers faced impossible choices: to become destitute or stay with an abusive partner; to live in unsafe housing; or risk giving up the future chance of suitable accommodation. From professionals, they faced inhumane and ethically questionable practice, like being actively dissuaded from having more children or being told, as one mother was in front of many professionals at a child protection conference, that her recent miscarriage was "probably for the best". The love and care that young mothers showed their babies was often unseen compared to a focus on their potential risk to their babies, and, beyond FNP, there was no understanding of mothers' needs for support around their multi-layered transitions within adolescence and

motherhood. Young people's well-recognised need for peers, for example, was not attended to, contributing to a sense that in the face of isolation and hostility, the task of mothering was made much harder. A nurse described how a young mother facing considerable child protection scrutiny allowed her child to make a mess while she was playing, even though she would likely 'told off' by her landlord, and spoke about the effort needed to be

Gentle and compassionate when the world around doesn't feel very gentle and compassionate, and they are somehow preserving that bit of their special heart for this baby and we do, luckily have the opportunity when we're there in the visit to affirm that (Focus Group with nurses)

4.3. Kate: Mothers in Prison Experience Coercive Control Through Social Services, Which Both Enable Harm to Mothers as Well as Encourage the Threat of Social Services Being Weaponised by Perpetrators of Domestic Abuse

Most of the women in this research have experienced domestic and or sexual violence, and for most, this had played a part in the removal of their children. Mothers do not perceive child protection systems as supportive or enabling.

Most of the mothers had already had children removed from their care prior to coming into prison, had children removed because of a prison sentence, or both. For some mothers, their children were placed in foster care or with a family member while they were in prison. Recurrent child removals were common ([Broadhurst and Mason 2013](#)). It was typical for mothers with more than one child to have been involved in various care orders; for example, to have a child or children be looked after by a family member via a guardianship order; a child or children placed into foster care; and/or a child or children be adopted. Some mothers had been subjected to child protection proceedings while pregnant or not long after giving birth. Not knowing where their children were or not being able to contact them was extremely traumatic for the mothers.

I went spiralling out of control when my son got took off us. (Jayden)

As Grace emphasises below, there is often little, if any, support available to mothers separated from their children within community or prison settings¹:

There should be some support for people who've had their kids adopted. There's got to be support because it affects you. It's killed me, it's ripped my heart into shreds. (Grace)

Mothers revealed a deep sense of shame, guilt, and emotional trauma associated with being a mother in prison and having children removed from their care or with not being permitted to maintain a relationship with her children while in prison. Mothers often felt stripped of their identity as a 'mother' (see also [Baldwin 2022](#)), left with an acute sense of loss, isolation, and feelings of low self-worth and purpose. For some, these were deeply painful experiences and a trigger for self-medication, suicidal ideas, and self-injury (see also [Wall-Wieler et al. 2018](#)):

It was horrible. Shit. I didn't want to talk to no-one, my mind was all over. I started thinking about my little boy and my little girl that's adopted, and I ended up self-harming. It just got too much. (Lucy)

4.4. Nikki: Mothers Living with CAPVA Often Reach a Family Crisis, Either Through Child Removal, Police Intervention, Which Results in Criminalising Their Child, or School Breakdown Before Being Referred to Appropriate, Supportive Interventions; Some Families Experience All Three

The mothers highlighted a lack of transparency from child protection services, frequently finding the only support provided when they first seek support for their child's needs being parenting programmes, which are often inappropriate or the recommended strategies result in an escalation of the harmful behaviour ([Rutter 2022, 2023](#)). For children

instigating CAPVA, parents reported the only benefit they received from the parenting programme was being able to feel less alone in their experiences:

“Meeting other parents experiencing the same thing” (parent co-researcher mind map)

There was a focus on the needs of the child, which was centralised by both the parents and practitioners, whereby it was recognised that if the needs of the child were met, the harmful behaviours would cease:

For me, things should be more needs led rather than a diagnosis if they need the support they should get it... It's important for children's needs to be heard and noticed.
(AUTHOR3)

In recognising that traditional parenting strategies were not adequately working for their families, mothers frequently sought support from services early and often; however, thresholds to access the appropriate intervention are often so high that parents are not referred at the point of help seeking. We were able to map the chronologies of support seeking whereby mothers were often seeking support from services from birth (health services) or from the age of three (education) to meet their child(ren)'s need, rarely, if ever, receiving adequate support to help their child(ren). The challenges associated with meeting the thresholds for intervention meant referrals to appropriate services to assess them, and the individual needs of the child were rarely completed unless the parents paid for private assessments and interventions through private companies (Rutter 2022). Thus, many mothers, particularly those who could not afford the costs of private occupational therapies and educational interventions, were coming into contact with child welfare systems and their children entering the youth justice system in adolescence (Rutter 2022, 2023).

We've been accessing occupational therapy every week, which we have been paying for privately, and we're following a sensory diet for him, which we've now had added to his EHCP (Education health and care plan) and it's all made a huge difference. (Hayley)

Such poor responses to help seeking by child welfare services often resulted in a reduction in help-seeking practices by parents, especially if they had difficult histories with such child welfare systems (Rutter 2021). Thus, families were either accessing services for diagnoses or support by paying for them privately or they were trying to navigate the needs of their children alone. These challenges in help-seeking practices were evidenced in multiple examples provided by mothers; mothers frequently reported dissonance between their expectations of service provides and the reality. The parenting blame that comes from some professionals but not others provided inconsistencies in the help-seeking experiences, with some mothers feeling their experiences with professionals from the criminal justice system provided better support than the professionals within the child protection system, which they did not believe should be the case and sat contrary to their values regarding calling the police to report their child (Rutter 2023).

“Social services always seem to blame the parents” (parent co-researcher mind map)

“Youth offenders helped my daughter a lot, but it wasn't long enough for what she needed”
(parent co-researcher mind map)

Whilst, for most mothers I have worked with and researched, seeking support for their children's explosive and harmful impulses was the first time they had been in contact with child welfare systems, and so they would frequently reflect on the deep harm caused by the lack of congruence between their expectations or accessing services and the reality; there has been a smaller number of mothers who were able to talk about repeated and harmful interactions with these services, either through their own life course or since having children, especially if they had an experience of children being removed from their care previously. This longer-term, repeated, and harmful moral injury occurred because mothers

recognised they were doing their best to support their children, but service responses were designed to be deficit focused and oppressive, and mothers often felt they were unheard and their lived experiences not respected or recognised.

Mothers often reported their biggest challenge when seeking support from child welfare and child protection services was the silence they faced. There was a lack of transparency around how service provision works together. Mothers were not informed about what was available locally, unless they were told by other parents that there were things they were entitled to ask for or access. Indeed, the mothers reported across multiple research projects that peer support was found to be more helpful, less oppressive, and less judgmental than professional support (Rutter 2022, 2023).

“It’s great being able to talk to other parents who have experienced the same things. I didn’t know about any of these groups or activities until [another mother] told me about it and what I was entitled to. We’ve been under CAMHS (child and adolescent mental health services) for years, but one day with other parents has taught me more about the support available” (parent co-researcher feedback sheet)

4.5. Carlene: Pathways Designed to Recognise the Sources of Harm Towards Children and Recognise Mothers as a Protective Factor Are Much More Collaborative and Less Oppressive; Nevertheless, Mothers Still Fear Blame from the Broader Systems

Overall, mothers experienced both care and collaboration on a ROTH pathway, something that those who had experienced traditional child protection pathways had not encountered before. Previous experiences were organised around targeting interventions at the (in)action of parents, with the knowledge that a parent’s or young person’s inability to engage with such interventions may result in care proceedings and the young person being taken into the care of the state:

They were saying We want to make this work so you can have the best life. We’re not here to take you away... not ... telling us how stupid she is or what horrible mistakes she’s making. And it’s all her fault, and she should know better. We haven’t had any of that this time. It’s been very understanding, very calm. (Parent Interview I25)

In a ROTH pathway, particular matters of note included mothers having their views taken into consideration, with both social workers and chairs of meetings giving appropriate weight to their views:

We had one disagreement, but it ended up going my way anyway. The chair discussed it with me and decided to do what I asked. (Parent interview, I21)

Such ROTH pathways facilitated meaningful collaborations between mothers and professionals and in a way that mothers found the response to be a helpful one. This usefulness was often positioned in relation to what they expected or had experienced with respect to traditional social work responses:

... I was really worried, I thought oh no, like we’ve got a social worker, that’s what I’m... you know, this is not what I wanted; what have I done wrong? ... but then as I was introduced to all of this, it sort of came to my attention that actually people really trust me as a parent and they’re just looking at what’s going on for my boys outside and how they can help (Parent Interview, I30)

Much of this variation was framed with reference to notions of ‘blame’. While no mothers used this term specifically, they did, as outlined in the quotes above, note that they had not wanted social work involvement, were worried about the idea of it, or apportioning responsibility when it felt beyond their control. However, the professionals, when providing accounts of parental involvement in ROTH pathways, did specifically

use the language of blame to explain why they felt the pilots facilitated greater parental engagement:

...sort of historically in similar situations without the ROTH pathway I think parents have felt as if, you know, they get blamed, um you know, the focus is on them, the stigma of having a social worker, um and I just find that this way of working now, we're, you know, we're very clear in terms of what we're worried about. And it just really helps in terms of how, how we work with parents, and I've found as well, um the parents have engaged really well with the process as well, which I do think is quite a lot to do with um, you know, the, the focus of what, what we talk about (Social worker interview, I13)

Despite such positive accounts, caution was also noted. In particular, while parents were positioned as partners, some found it painful to articulate that they were not professionals and, as such, occupied a unique space in collaborating on safety planning:

she's still my baby. And she will always be. And it's just, I think a little bit more understanding for those that aren't parents of how much, you know, how much that sort of stuff hurts and how much it affects you, how long it takes you to get over listening to all of that stuff (Parent interview, I25)

ROTH pathways were arguably made to create cultures in which mothers could be viewed as partners in their role as parents, and this, at times, undermined the safety that such a response afforded them.

5. Discussion

There are clear overlaps between the findings of the five examples above, which require further discussion. One significant area that emerges in all examples relates closely to debates around the challenges mothers have practicing 'mothering', which "refers to women's experiences of mothering and is female defined and centred" within systems of patriarchal motherhood, which are designed to "constrain, regulate and dominate women and their mothering" (O'Reilly 2019, p. 29). In our work, we find that mothers in contact with child protection services and/or wider child welfare systems, either through a consent basis, where they may or may not have requested support directly, or intervention imposed, found themselves trapped within services that dominated their roles as mothers, with many re-victimised by the approach of individual social workers. In Carlene's example of ROTH pathways, which were designed to work with parents since mothers were recognised as protective factors, those that engaged with traditional child protection processes found their children re-victimised. Rather than services recognising mothers as complex, multi-faceted individuals who can respond to and assess risk, the mothers reported that they were unable to protect their children from the harm caused by the child protection systems themselves. These findings corroborate the work of others (Schwarz 2019; McGillivray 2021).

It is common for mothers coming into prison to try and hide their status as mothers. This is especially the case for mothers of young children, fearful that permanent removal of their children would follow. Invariably, the women in these cases fall through the net and are not able to benefit from the limited support available.

Most of the mothers had a deep mistrust and fear of social workers and social service involvement, which was rooted in their own harmful childhood experiences. Many of the mothers had spent time in the care system as children and had endured the multi-faceted harm that stemmed from both the systems of care and punishment (Fitzpatrick et al. 2022). Many of the mothers involved in our respective work, as well as in the broader literature, have been subjected to deeply ingrained negative judgements, surveillance, and intersecting layers of stigma that are attached to marginalised mothers who are in contact with the criminal justice system, which is felt even more acutely by mothers who are care

experienced ([Fitzpatrick et al. 2024](#)). Being subjected to the scrutiny of child protection proceedings and having children removed their care is often an inevitable outcome for multiply disadvantaged mothers, especially mothers who use drugs or are victim/survivors of domestic violence and abuse ([McGrath et al. 2023](#)).

5.1. Moral Injury

Moral injury, as mentioned, refers to the long-term “psychological, spiritual and social harm caused by one’s own or another’s actions in a high stakes situation that transgress deeply held moral beliefs and expectations” and was experienced and observable in many of our projects. The reason for this moral injury is thought to relate to harm, which mothers viewed as “problematic and distressing” ([Haight et al. 2017](#), p. 477). In our work, this presented itself in several different ways: on-going distressing interactions with children’s services throughout the life course (Kate); being referred into services despite feeling as though they should not need social work intervention (Carlene); services not accepting a referral for support and then becoming involved to remove a child (Donna); being assumed to be incapable parent, based on stereotypes and assumptions about their age and social class (Rachael); and consistent blame and judgement (Nikki). The mothers of children experiencing extra-familial harm (Carlene’s case example), eventually, found that the collaborative ROTH pathways were empowering and recognised that mothers have a position in protecting children, despite their initial concerns of social worker intervention. Nevertheless, in every other example, there were practices that went against the morals, values, and expectations of mothers. This highlights that there *are* alternatives within child protection systems, but they needed to be embedded within new, collaborative procedures that recognise the cause of the harm, whether that is domestic abuse (Donna, Kate, Rachael), substance use (Kate), exploitation (Kate, Carlene), or a lack of needs being met (all case examples).

Whilst the focus of child protection has shifted globally, from a focus on the family to a focus on societal implications, it currently sits centralising the children perspective ([Miamingi 2020](#); [Rennerskog 2021](#); [Schnurr 2016](#); [Syrstad and Slettebø 2020](#)). However, moral injury has also been experienced by children and young people who have been in contact with child welfare services, finding the systems designed to support them as not fit for the purpose ([Haight et al. 2022](#)). Due to the focus of this paper, children’s and young people’s voices were beyond the scope of this work; nevertheless, there are significant overlaps regarding the moral injury experienced by them due to the processes enacted by child protection systems, and so they are deserving of separate, in-depth consideration.

5.2. Good Mothers

Mothers are not created in a vacuum but rather are the accumulation of years of contact with individuals, groups, services, and systems. These contacts can be positive or negative and can influence the ways in which women experience service contact. For instance, mothers in prison can be framed as ‘deviant’ or ‘harmful’, as though that is their way of being embodied in the world. Instead, these mothers are constrained by (sometimes) decades of institutionalised harm through being in care as children, experiencing harmful medical treatments, sexual abuse, domestic abuse, and repeated contact with child welfare systems that failed them as children and oppressed them as mothers ([Baldwin 2022](#); [Grace et al. 2022](#)). Thus, there have been many missed opportunities through a mother’s life before she is imprisoned ([Baldwin 2022](#)). Mothers in prison are constructed as harmful rather than their imprisonment being an indicator of experiencing harm. Indeed, as referenced, there are rights for mothers and their children in prison, as evidenced by the Bangkok rules, and there are effective practices in supporting mothers and their children in these cases of

maintaining positive contact by working collaboratively with mothers and wider family members (O'Brien and King 2023).

Similar to mothers in prison, teenage motherhood is not constructed as a positive thing for society but rather is constructed as a 'risk'; it is a measurable 'poor outcome', a 'social problem', and something to be prevented (Arai 2009; Cook and Cameron 2015). Thus, for the young mothers who embody these risks, they are not viewed as 'good mothers' regardless of how good their parenting may be (Owens 2022) but are viewed through a lens of harm and deficit, which leaves them vulnerable to isolation and exploitation, particularly as they are experiencing multiple transitions within their lives, both due to their transition into their role as mother and their transition into adulthood (Arai 2009). On a daily basis, young mothers face stigma, judgement, and abuse from strangers in public places and from health and social care professionals (SmithBattle 2020). Although the coloration between young motherhood and poor outcomes is contested (i.e., Duncan et al. 2010), young mothers remain the focus of scrutiny, and their children are thought to have harmful externalising behaviours, leaving them vulnerable to isolation. This is potentially due to the internalisation of wider harmful narratives regarding their family circumstances or the wider structural violence that occurs for young mothers, such as unstable or unsuitable housing, poverty, and the lack of non-oppressive support systems, none of which demonstrates 'bad mothering' but rather structural problems that should be eradicated. Nevertheless, young mothers face structural inequalities, meaning they often fail to have their needs met for housing, income, and education, being intersected by age-, gender-, class-, and ethnicity-related discrimination. These harms are scaffolded and reinforced by a policy framework that overwhelmingly normalises the idea that young motherhood is inherently 'sub-optimal' and should be eradicated (Arai 2009). Thus, due to the harmful symbolism around good mothering, these structural issues have frequently been constructed as evidence of bad mothering, further stigmatising young mothers in particular (Owens 2022).

The deficit view of young motherhood persists despite a strong body of research that critiques simplistic links between inter-generational 'poor parenting' and youth parenting (McNulty 2008) and between youth motherhood and poor outcomes (SmithBattle and Flick 2023). The deficit view is entirely uninformed by the multiple qualitative research studies involving young mothers (Clemmens 2003; Kamp and McSharry 2018; Molloy et al. 2021), showing how they experience motherhood as positive in myriad, nuanced, and beautiful ways. Rather, by ignoring this evidence, welfare policy and practice continues to uncritically reinforce the view that young mothers should not exist.

Many of the mothers in these cases, including Donna, provided examples of multiple attempts they made to meet their own, their child's, or their wider family's needs by requesting support from child welfare systems, including child protection services, despite the stigma associated with such contact. These requests for support made to wider child welfare systems, often reaching back over a decade, were frequently not responded to, or the referrals were re-directed or wholly rejected, as they did not meet the threshold. In these cases, it would make sense that the mothers stopped help seeking and found alternative methods to meet the needs of their family, particularly their children. Nevertheless, whilst some mothers actively avoided contact with child welfare systems, others continued to seek support from services, experiencing repeated rejection, with voluntary sector services often providing a good level of support when mothers are let down by child protection services (Robbins and Cook 2018; Donna).

Child welfare services rejecting referrals when they did not meet threshold frequently resulted in an escalation of the problem, as the needs of the family were not met, with the difficulties became more complex over time. This sometimes resulted in enforced child

removal, either due to the harm the children posed to themselves and others (Nikki), the risks outside the home (Carlene), or in the case of Kate's research, the violence and abuse some mothers were subjected to within the domestic context being so severe that it meant some mothers were in fear for their life and felt they had little option but to allow the state to remove their children from their care.

There has been some exploration around whether the services that are able to enact punitive processes, such as child protection teams, should not be involved in the more supportive practices, such as those that work within the wider field of child welfare. However, both processes were considered coercive and harmful to mothers, particularly in cases where there had been previous child removals (Syrstad and Slettebø 2020). Thus, for many mothers within the extant literature and the current studies, the moral injury was long term, because they were experiencing years of harm from professionals in a high-stakes scenario that involved their own health and wellbeing or that of their child; there are no higher stakes for mothers than the removal of their child (Morriss 2018). In the ROTH pathway example, the mothers were able to observe a shift in statutory powers, from social work powers being used to remove children from their homes to building safety around young people by requiring partner agencies to act in the best interests of the child. Thus, the powers were the same, but the practices were very different, and therefore, mothers were witnesses to this shift.

5.3. Child Removal

The mothers in all the research projects found their mothering identity to be empowering and enriching their lives. Where relevant, there was a feeling as though they were "ripped to shreds" when this mothering identity was stripped from them through child removal, although the mothering identity does not simply end with the loss of parental responsibility, but rather, mothers can be "haunted" by their loss and the shame of such a rupture in their lives (Morriss 2018, p. 816; Syrstad and Slettebø 2020). Furthermore, as demonstrated by this work, supporting Broadhurst and Mason (2020, p. 16)

Family court involvement, which is typically adversarial can compound parents' difficulties, exacerbate mental health difficulties and prompt a return to coping strategies such as misuse of drugs and alcohol which undermine recovery.

Recent research in this area has found that mothers who have had multiple children removed from their care are at an increased risk of early death (Devaney et al. 2024). Thus, there are social, financial, and ethical reasons for working collaboratively and not in an adversarial way with families, particularly when there are non-traditional harms. For instance, some cases of child removal experienced in our case examples were due to the risks the children posed, structural risks such as those influenced by poverty (e.g., poor housing), or risks outside of the home rather than the risks posed by the mothers themselves. Such risks do not change when the child's location is changed; rather, the children's vulnerabilities are exacerbated (Firmin et al. 2022).

The removal of a child from the family home is considered the most significant level of state intervention in the protection of a child, with the paramountcy principle and child's rights perspectives recognising that children are individual actors deserving of special protection from the state, and their needs should be prioritised. There has been a shift towards this child's rights perspective when considering child removal internationally (Schnurr 2016). Nevertheless, despite such perspectives being implemented in legislation, there are harmful practices, which means that children being removed from apparently harmful environments find themselves in even more harmful ones. Within Sweden, some institutions designed to keep children safe are "very reminiscent of prisons. The buildings are locked, with either bars covering the windows or bulletproof glass, surrounded by

walls and barbed wire”, and these institutions are also legally authorised to implement practices such as “solitary confinement, physical restraint, intimate body searches and involuntary testing for drugs” (Rennerskog 2021, p. 729). Within the UK context, children and adolescents being placed in out-of-area fostering provision was not in their best interests and increased their risk of going missing and exploitation (Firmin et al. 2022).

Working with organisations that have the power to remove your children will, of course, evoke feelings of defensiveness and concerns around any evidence that would frame someone as a ‘bad mother’ (Syrstad and Slettebø 2020). This was seen, to some extent, in all our case examples, particularly the fear of stigma, which could be associated with having a social worker at all. Thus, it should be assumed that when a mother is reaching out for support from organisations with such powers, they are desperate for some form of supportive intervention; the fear of the removal of their child is less than the fear of their family circumstances continuing without intervention, particularly when there are compounding issues within the family, such as domestic abuse, criminality, or poverty, whereby mothers may have additional barriers with social workers when attempting to build mutually trusting relationships (Robbins and Cook 2018).

5.4. Policy Implications

Social justice principles are often underpinned by ethical practice, with ethical dilemmas occurring when the choice is between two or more unwanted options (Banks 2018). Within child protection services, this can often mean the dilemma of the rights of the mother conflicting with the Rights of the Child (Minson 2019). This is an issue of global concern, with legislation such as the African Children’s Charter recommending that children should not live in prison with their mothers, despite there being significant evidence that sometimes this option is in the child’s best interests (Miamingi 2020). Furthermore, the *Bangkok Rules* (2010) were developed to provide good practice guidelines and rules for mothers keeping their children with them, as this can be in the best interest of the child when these rules are followed. Thus, it is often observed that the Rights of the Child is an internationalised approach or framework utilised and weaponised against mothers as a punitive method of social control rather than one that centralises and prioritises the needs of the child (Mapp 2014; Rennerskog 2021; Swift 1995; Washington 2022).

As professionals frequently make judgements based on what is socially normative rather than that which is evidence based, there are also concerns regarding cultural competencies of practitioners as well as their evidence-based understanding of supporting families in child welfare cases (Mapp 2014; Miamingi 2020; Rennerskog 2021; Swift 1995; Washington 2022). Frequently, what is best for the mother is what is best for the child, and so, practitioners should be focusing on creating supportive practices that empower mothers and keep mothers safe, as by meeting the needs of the mother, she is then able to meet the needs of her child(ren), particularly when these needs relate to domestic abuse, substance use, or poor mental health (Krane and Davies 2002).

6. Concluding Recommendations

As child welfare systems have otherwise been critiqued as a form of social control and family policing, this is often contrasted with the framing of child protection work as preventing the harmful (in)actions of caregivers towards their children (Powell 2021). However, as evidenced by this conceptual paper combining our previously published work, mothers who are not engaging in harmful (in)actions towards their children still experience significant harmful contact with child protection systems. Thus, the systems themselves are deeply misogynistic due to the ways in which they were constructed and designed. Whilst the focus of this research was within UK, this paper provides particular evidence

that the global child protection system is rooted in misogyny. Thus, the recommendations we provide are relevant to child welfare systems beyond the UK context.

6.1. Recommendations at the Policy and Practice Levels

Practitioners, who otherwise may wish to engage in anti-oppressive practice, are significantly restricted at the systems level and, therefore, are forced to engage in practice that moves through the gaps. Nevertheless, there is opportunity for real and meaningful system dismantling, which involves realigning a system that is more democratic and focusing on the situation/context rather than the ‘bad mother’. For instance, the ROTH pathways have repurposed how mothers are viewed by child welfare systems, facilitating opportunities for them to be collaborative partners in the process rather than actors of suspicion (Firmin and Manister 2023). Therefore, it is possible for systems to be re-designed to be less oppressive than they currently are.

Investment in women-focused, community-based support for marginalised women, mothers, and families, with an emphasis on violence against women and girls—centred on support, mental health, and drug treatment—would profoundly change the patriarchal systems mothers are currently navigating. However, as women are often judged more harshly by other women than men, female professionals require additional training, supervision, or support to unpack their internalised misogyny. Voluntary sector services have a hugely positive impact on many of our case studies, and so, investment in such services, particularly services designed to keep mothers safe, would provide more opportunities for advocacy, and therefore, mothers would be less likely to require support from child protection services, have less likelihood of experiencing child removal, and be protected from imprisonment.

6.2. Recommendations for Practitioners

Practitioners frequently work within systems designed to focus on the harmful (in)actions of parents, meaning that practice is often permeated by deficit-focused approaches, oppressive models, and methods designed to judge mothers on how well they fit patriarchal motherhood narratives. Nevertheless, there is room for manoeuvre and for positive work to be carried out within the system. For example, the FNP in the example by Rachael demonstrated good practice by nurses in that they rejected the dominant deficit-focused lens of young mothers and engaged with them at an individual, relationship-focused way, which was in direct contrast to the broader judgements these mothers experienced in their everyday lives. By seeing the context in which these mothers were living—one where societal narratives were perpetuating harmful discourse around young motherhood, assuming deficits rather than celebrating strengths—some nurses were contrasting this by working with young mothers as individual people experiencing specific structural challenges to be overcome.

There is a number of good practice examples of how practitioners can support mothers in prison, which is obviously the most extreme example of punitive patriarchal approaches with oppression through patriarchal motherhood (see O’Brien and King 2023 for further examples). The Parental Rights in Prison (PRiP) project is an example of an intervention designed to support mothers separated from their children in the most extreme of oppressive systems, where mothers often feel ignored, silenced, and denied a maternal identity of any kind. PRiP is delivered by specialist family support workers who work in trauma-informed ways and support mothers in custody to exercise their parental rights and navigate family courts and children’s services from inside prison (O’Brien and King 2023).

Given these two examples, we recommend that practitioners use the above tools and understanding when they engage with parents, even at the earliest stages of help seeking.

When parents request support from services, it is important that practitioner recognise that statutory powers within child protection services in particular can be harmful to families, so the families must be desperate for support, and this must be acknowledged.

6.3. Recommendations for Researchers

Research can be another example of institutionalised harm against mothers involved with child protection services and wider child welfare systems, and it is important to continually reflect on this as part of the research process. Multi-modal approaches to research were engaged with in all case examples, but—most importantly—work with mothers who have experiences of or are currently experiencing contact with child welfare needs to be at the forefront of the lived experiences of these mothers. Action research rooted in critical, participatory, and feminist methodologies can assist in being close enough to the mothers and their families that they are able to take ownership of the project and, therefore, the process, its findings, and outcomes. No one understands the child welfare and child protection systems like those who are living with it and under it every day and, therefore, work, which is iterative and led by mothers, will provide the richest, most complex data and analysis. Whilst this may seem difficult to do with mothers, due to the time and resources required, such methodologies allow for more emancipatory forms of research through more traditional methods, such as interviews and focus groups to workshops and reflective diaries and notations. By adapting research approaches to ensure mothers are at the forefront of every aspect, the recommended actions will hopefully be the most impactful for mothers and their children long term.

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Note

¹ Together a Chance (PACT) and Parental Rights in Prison Project (NEPACS) are two two exceptions to this.

References

- Arai, Lisa. 2009. Theorising teenage pregnancy as a problem. In *Teenage Pregnancy*. Bristol: Policy Press, pp. 109–26.
- Baldwin, Lucy. 2022. *Motherhood in and After Prison: The Impact of Maternal Incarceration*. Hampshire: Waterside Press.

- Bangkok Rules. 2010. United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders. Available online: <https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-rules-treatment-women-prisoners-and-non-custodial> (accessed on 3 January 2025).
- Banks, Sarah. 2018. Practising professional ethical wisdom: The role of ‘ethics work’ in the social welfare field. In *Cultivating Moral Character and Virtue in Professional Practice*. London: Routledge, pp. 55–69.
- Barnett, Jessica Penwell, Eleanor Maticka-Tyndale, and Trócaire Kenya. 2016. Stigma as social control: Gender-based violence stigma, life chances, and moral order in Kenya. *Social Problems* 63: 447–62. [CrossRef]
- Bilston, Barbara. 2019. A History of Child Protection. Open University. Available online: <https://www.open.edu/openlearn/body-mind/childhood-youth/working-young-people/history-child-protection#:~:text=The%20first%20of%20the%20local,Prevention%20of%20Cruelty%20to%20Children> (accessed on 16 December 2024).
- Broadhurst, Karen, and Claire Mason. 2013. Maternal outcasts: Raising the profile of women who are vulnerable to successive, compulsory removals of their children—a plea for preventative action. *Journal of Social Welfare and Family Law* 35: 291–304. [CrossRef]
- Broadhurst, Karen, and Claire Mason. 2020. Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. *Qualitative Social Work* 19: 15–37. [CrossRef]
- Buckley, Sarah-Anne. 2015. The cruelty man: Child welfare, the NSPCC and the state in Ireland, 1889–1956. In *The Cruelty Man*. Manchester: Manchester University Press.
- Büskens, Petra. 2001. The impossibility of natural parenting for modern mothers: On social structure and the formation of habit. *Journal of the Motherhood Initiative for Research and Community Involvement*.
- Clemmens, Donna. 2003. Adolescent motherhood: A meta-synthesis of qualitative studies. *MCN: The American Journal of Maternal/Child Nursing* 28: 93–99. [CrossRef] [PubMed]
- Cook, Sinead M. C., and Sharon T. Cameron. 2015. Social issues of teenage pregnancy. *Obstetrics, Gynaecology & Reproductive Medicine* 25: 243–48.
- Cooper, Andrew. 2009. Hearing the grass grow: Emotional and epistemological challenges of practice-near research. *Journal of Social Work Practice* 23: 429–42. [CrossRef]
- Dettlaff, Alan J., Kristen Weber, Maya Pendleton, Reiko Boyd, Bill Bettencourt, and Leonard Burton. 2020. It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare* 14: 500–17. [CrossRef]
- Devaney, John, Caroline Bradbury-Jones, Amy Charles, Helen L. Daniel, Emily Dobie, Ellen Marks, Katherine Osthwaite, and Julie Taylor. 2024. Early maternal death following child removal—A short report using observational data. *Child Abuse Review* 33: 1–7. [CrossRef]
- Duncan, Simon, Rosalind Edwards, and Claire Alexander. 2010. *Teenage Parenthood: What’s the Problem?* London: Tufnell.
- Fearnley, Barry. 2018. Contemporary young motherhood: Experiences of hostility. *Journal of Children’s Services* 13: 64–78. [CrossRef]
- Firmin, Carlene. 2024. Binaries and Blurred Lines: The Ethical Stress of Child Protection Social Work in the Grey of Extra-Familial Harm. *Ethics and Social Welfare* 18: 404–21. [CrossRef]
- Firmin, Carlene, and Molly Manister. 2023. ‘This has given people what is needed’: Progress and pitfalls for establishing child protection pathways in England that address significant harm beyond families. *Child and Family Law Quarterly* 35: 159–82.
- Firmin, Carlene, Lauren Wroe, and D. Bernard. 2022. Last resort or best interest? Exploring the risk and safety factors that inform the rates of relocation for young people abused in extra-familial settings. *The British Journal of Social Work* 52: 573–92. [CrossRef]
- Fitzpatrick, Claire, Katie Hunter, Julie Shaw, and Jo Staines. 2022. *Policy Briefing: Disrupting the Routes Between Care and Custody for Girls and Women*. Manchester: Manchester Metropolitan University.
- Fitzpatrick, Claire, Katie Hunter, Julie Shaw, and Jo Staines. 2024. Confronting intergenerational harm: Care experience, motherhood and criminal justice involvement. *The British Journal of Criminology* 64: 257–74. [CrossRef]
- Gilligan, Carol. 2015. The listening guide method of psychological inquiry. *Qualitative Psychology* 2: 69–77. [CrossRef]
- Grace, Sharon, Maggie O’Neill, Tammi Walker, Hannah King, Lucy Baldwin, Alison Jobe, Vicky Seaman, Orla Lynch, Fiona Measham, and Kate O’Brien. 2022. *Criminal Women: Gender Matters*. Bristol: Policy Press.
- Haight, Wendy, Erin Sugrue, Molly Calhoun, and James Black. 2017. “Basically, I look at it like combat”: Reflections on moral injury by parents involved with child protection services. *Children and Youth Services Review* 82: 477–89. [CrossRef]
- Haight, Wendy, Minhae Cho, Ruth Soffer-Elnekave, Ndilimeke J. Nashandi, and Johara Suleiman. 2022. Moral injury experienced by emerging adults with child welfare histories in developmental and sociocultural contexts: “I knew the system was broken.”. *Children and Youth Services Review* 139: 106537. [CrossRef]
- Heward-Belle, Susan. 2017. Exploiting the ‘good mother’ as a tactic of coercive control: Domestically violent men’s assaults on women as mothers. *Affilia* 32: 374–89. [CrossRef]
- Hunter, Dom, and Lauren Elizabeth Wroe. 2024. ‘Already doing the work’: Social work, abolition and building the future from the present. *Critical and Radical Social Work* 12: 312–29. [CrossRef]

- Hyslop, Ian Kelvin. 2022. *A Political History of Child Protection: Lessons for Reform from Aotearoa New Zealand*. Bristol: Policy Press.
- Kamp, Annelies, and Majella McSharry. 2018. *Re/Assembling the Pregnant and Parenting Teenager: Narratives from the Field*. Lausanne: Peter Lang International Academic Publishers.
- Kincaid, Sarah, Manon Roberts, and Eddie Kane. 2019. *Children of Prisoners: Fixing a Broken System*. London: Crest.
- Koutsounia, Anastasia. 2024. Does the sector need more male social workers? *Community Care*. Available online: <https://www.communitycare.co.uk/2024/09/25/does-the-sector-need-more-male-social-workers/> (accessed on 2 January 2025).
- Krane, Julia, and Linda Davies. 2002. Sisterhood is not enough: The invisibility of mothering in shelter practice with battered women. *Affilia* 17: 167–90. [CrossRef]
- Maher, JaneMaree, Kate Fitz-Gibbon, Silke Meyer, Steven Roberts, and Naomi Pfitzner. 2021. Mothering through and in violence: Discourses of the ‘good mother’. *Sociology* 55: 659–76. [CrossRef]
- Mapp, Susan C. 2014. *Human Rights and Social Justice in a Global Perspective: An Introduction to International Social Work*. Oxford: Oxford University Press.
- McGillivray, Cher J. 2021. Empirical Extension of the Theory of Moral Injury: Investigating the Role of Intrapersonal Moral Injury Cognitions Through Paradigmatic Models in Non-Offending Parents of Children Who Have Experienced Sexual Abuse. Ph.D. thesis, Bond University, Robina, Australia.
- McGrath, Joanne, Monique Lhussier, Stephen Crossley, and Natalie Forster. 2023. “They Tarred Me with the Same Brush”: Navigating Stigma in the Context of Child Removal. *International Journal of Environmental Research and Public Health* 20: 6162. [CrossRef] [PubMed]
- McNulty, Ann. 2008. Great Expectations: Teenage Pregnancy and Intergenerational Transmission. Ph.D. thesis, Newcastle University, Newcastle upon Tyne, UK.
- Miamingi, Alina. 2020. The applicability of the best interests principle to children of imprisoned mothers in contemporary Africa: Between hard and soft law. *African Human Rights Law Journal* 20: 713–35. [CrossRef]
- Michalsen, Venezia. 2019. Abolitionist feminism as prisons close: Fighting the racist and misogynist surveillance “child welfare” system. *The Prison Journal* 99: 504–11. [CrossRef]
- Minson, Shona. 2019. *Maternal Sentencing and the Rights of the Child*. Berlin: Springer Nature.
- Molloy, Carly, Ruth Beatson, Christopher Harrop, Nicholas Perini, and Sharon Goldfeld. 2021. Systematic review: Effects of sustained nurse home visiting programs for disadvantaged mothers and children. *Journal of Advanced Nursing* 77: 147–61. [CrossRef]
- Morriss, Lisa. 2018. Haunted futures: The stigma of being a mother living apart from her child (ren) as a result of state-ordered court removal. *The Sociological Review* 66: 816–31. [CrossRef]
- O’Brien, Kate, and Christina Straub. 2023. *Early Days in Custody*. Durham: NEPACS Charity.
- O’Brien, Kate, and Hannah King. 2023. *Parental Rights in Prison Project*. Durham: Durham University. Durham: NEPACS.
- O’Reilly, Andrea. 2019. Maternal Theory: Patriarchal motherhood and empowered mothering. In *The Routledge Companion to Motherhood*. London: Routledge, pp. 19–35.
- O’Reilly, Andrea. 2021. *Matricentric Feminism: Theory, Activism, Practice*. Bradford: Demeter Press.
- Owens, Rachael. 2022. ‘It’s the way they look at you’: Why discrimination towards young parents is a policy and practice issue. *Children & Society* 36: 1280–95.
- Pirie, Meg. 2024. No One is Disposable-Abolition Pedagogy & Social Work Future. *Social Work & Policy Studies* 7.
- Powell, Robyn M. 2021. Achieving justice for disabled parents and their children: An abolitionist approach. *Yale JL & Feminism* 33: 37.
- Prison Reform Trust. 2022. Why Focus on Women’s Imprisonment? Available online: https://prisonreformtrust.org.uk/wp-content/uploads/old_files/Documents/Women/Why%20Women%20England%20and%20Wales%202018%20data.pdf (accessed on 14 December 2024).
- Rennerskog, Jonna. 2021. ‘Rightificating’Coercion—A Critical Perspective on the Transformation of State-Driven Coercive Care. *Social & Legal Studies* 30: 726–44.
- Rich, Adrienne. 2021. *Of Woman Born: Motherhood as Experience and Institution*. New York: WW Norton & Company.
- Robbins, Rachel, and Kate Cook. 2018. ‘Don’t even get us started on social workers’: Domestic violence, social work and trust—An anecdote from research. *The British Journal of Social Work* 48: 1664–81. [CrossRef]
- Rutter, Nikki. 2021. “I’m meant to be his comfort blanket, not a punching bag”—Ethnomimesis as an exploration of maternal child to parent violence in pre-adolescents. *Qualitative Social Work* 20: 1317–38. [CrossRef]
- Rutter, Nikki. 2022. “It’s Like Living in a House with Constant Tremors, and Every So Often, There’s An Earthquake” A Glaserian Grounded Theory Study into Harm to Parents, Caused by the Explosive and Controlling Impulses of Their Pre-Adolescent Children. Doctoral thesis, Durham University, Durham, UK.
- Rutter, Nikki. 2023. Rupture, repair, the loss and re-construction of identity: Seeking support in situations of adolescent-to-parent violence and abuse. *Frontiers in Health Services* 3: 1139727. [CrossRef] [PubMed]
- Rutter, Nikki. 2024. Explosive and harmful impulses: A subset of child and adolescent-to-parent violence and abuse. *Journal of Interpersonal Violence* 08862605241244470. [CrossRef]

- Saar-Heiman, Yuval, and Anna Gupta. 2020. The poverty-aware paradigm for child protection: A critical framework for policy and practice. *The British Journal of Social Work* 50: 1167–84. [CrossRef]
- Schnurr, Stefan. 2016. Child removal proceedings in Switzerland. In *Child Welfare Removals by the State: A Cross-Country Analysis of Decisionmaking Systems*. Oxford: Oxford University Press, pp. 117–45.
- Schwarz, Kirrily. 2019. Family law: ‘Awful human mess’ inside our family law system. *LSJ: Law Society of NSW Journal* 61: 36–39.
- Shay, Jonathan. 2002. *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Simon and Schuster.
- Silver, Erin. 2024. The possibilities and dissonances of abolitionist social work. *Aotearoa New Zealand Social Work* 36: 19–30. [CrossRef]
- Sinclair, Raven. 2016. The Indigenous child removal system in Canada: An examination of legal decision-making and racial bias. *First Peoples Child & Family Review* 11: 8–18.
- Singh, Sarah. 2017. Criminalizing vulnerability: Protecting ‘vulnerable’ children and punishing ‘wicked’ mothers. *Social & Legal Studies* 26: 511–33.
- SmithBattle, Lee. 2020. Walking on eggshells: An update on the stigmatizing of teen mothers. *MCN: The American Journal of Maternal/Child Nursing* 45: 322–27. [CrossRef] [PubMed]
- SmithBattle, Lee, and Louise H. Flick. 2023. A narrative review of teen mothers’ long-term outcomes: What birth cohort studies tell us. *Longitudinal and Life Course Studies* 14: 313–38. [CrossRef]
- Stewart, Stacey. 2021. A mother’s love knows no bounds: Exploring ‘good mother’ expectations for mothers involved with children’s services due to their partner violence. *Qualitative Social Work* 20: 681–702. [CrossRef]
- Swift, Karen. 1995. *Manufacturing “Bad Mothers”: A Critical Perspective on Child Neglect*. Toronto: University of Toronto Press.
- Syrstad, Ellen, and Tor Slettebø. 2020. To understand the incomprehensible: A qualitative study of parents’ challenges after child removal and their experiences with support services. *Child & Family Social Work* 25: 100–7.
- Thomas, Monica. 2023. Just Because I’ve Gone to Prison, My Mum Hat Doesn’t Switch Off”: An Analysis of Black Mothers’ Narratives of Imprisonment and Life After Release. Ph.D. thesis, Cardiff University, Cardiff, UK. Available online: <https://orca.cardiff.ac.uk/id/eprint/163001> (accessed on 14 December 2024).
- Wall-Wieler, Elizabeth, Leslie L. Roos, Marni Brownell, Nathan C. Nickel, Dan Chateau, and Kendra Nixon. 2018. Postpartum depression and anxiety among mothers whose child was placed in care of child protection services at birth: A retrospective cohort study using linkable administrative data. *Maternal and Child Health Journal* 22: 1393–99. [CrossRef]
- Washington, S. Lisa. 2022. Weaponizing fear. *Yale LJF* 132: 163.

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