Program: Evaluation of Role, Impact, and Future Directions

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Doula Support Solutions Program: Evaluation of Role, Impact, and Future Directions

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EXECUTIVE SUMMARY

BACKGROUND

Significant short and long-term trauma is associated with child removal for parents, infants, and families. Acknowledging the potential harm of child removal, recent legislative efforts in Australia mandate that supportive measures be provided to parents prior to child removal. Innovative programs are needed to meet the emerging mandates for increased support for parents.

The Doula Support Solutions Program (DSSP) contracts doulas to provide wrap-around, in-home support to parents ' at risk' of child removal by DCJ immediately following birth. a organization and DCJ. The mission of DSSP is to prevent further trauma, strengthen family connections and break cycles of family separation- empowering parents to build safer, healthier futures for their children. Though the DSSP has been in operation since 2017, this evaluation of the program is the first of its kind.

AIMS

The purpose of the DSSP evaluation is to provide information regarding the program's current strengths and areas for improvement and to gain a greater understanding of the role and effectiveness of DSSP. ***The evaluation aims are 1) to report client characteristics to inform tailored support and data collection strategies; and 2) to describe caseworker, doula, and DSSP staff perspectives and experiences.***

METHODS

This mixed-methods evaluation project was conducted by a team of international researchers and a Community Advisory Board. In-depth semi-structured interviews were conducted with 16 doulas, staff members, and caseworkers. Quantitative data were derived from de-identified client case files and aggregated by clients' race, number of children, contributing complexities (substance use, mental health, etc.), and outcome of DSSP involvement.

FINDINGS

The evaluation findings illustrate myriad complexities experienced by clients (mental health, substance use, single parenting) and doulas' ability to meet the distinct needs of clients. Doulas are well-positioned to provide non-judgmental support and model infant and self-care. DSSP doulas, staff, and DCJ caseworkers were highly favourable of DSSP and expressed a need for continued program support and growth.

RECOMMENDATIONS

Increased communication between DCJ and DSSP, reaffirming safety protocols for doulas, and recruiting Indigenous doulas for culturally attuned care are recommended.

BACKGROUND

Australian Children's Welfare

The United Nations Convention on the Rights of the Child govern the Australian Commonwealth Australian Human Rights Commission Act (1986) (Cth) (AHRC Act) in which child protection principles must: 1) centre the best interests of the children; 2) provide early intervention support for families; 3) engage in culturally responsive care for First Nations peoples to ensure cultural and community connectedness; and 4) support children and youth in decision-making where appropriate. [6] In Australia, there is increased legislative movement within child protective services towards a focus on strengthening families and reunification, with the goal of child removal being the last option.[7]

Child removal can lead to significant emotional trauma and disempowerment for both parents and their children in the short term. The majority of families under the supervision of child protective services experience intersectional forms of disparity, including mental health issues, limited socioeconomic resources, intergenerational trauma, and substance use. Child removal may contribute to these disparities in the long term for parents and children.[4,5] For parents whose children are removed, there is evidence for increased repeat incidents of future child removal and continued intersectional forms of unresolved disadvantage, further repeating cycles of traumatisation.[4]

In Australia, intensive family support services focus on strengthening parental capacity in caring for children; keeping families together and reuniting families with children who were in out-of-home care.[8] Early-stage interventions through intensive family support services are mandated for families and children at-risk of child removal before proposing child removal.[8] Between 2023 and 2024, approximately 33,319 children commenced intensive family support services, with an estimated third of children aged 0 to 4, reflecting a significant need for parental support.[8] There are 59,900 children in Australia under care and protection orders, 42% of whom are First Nations children.[8]

The Department of Communities and Justice contracts external agencies to provide in-home support to families and children during formative postpartum periods, including the DSSP program, evaluated in this report.[9] Children are typically supervised by DCJ when there is a potential or significant risk of being harmed by their caregiver(s), have experienced serious harm from caregiver(s), and/or have no other alternative forms of care available.[8] If a significant safety concern is identified, children are removed and placed in the care of DCJ

Mission of Doula Support Solutions Program

The Doula Support Solutions Program (DSSP) is a pioneering initiative to ensure parents receive consistent, compassionate in-home support and education throughout the postpartum period. Created by individuals with firsthand experience advocating for

marginalised families, DSSP is grounded in the belief that every parent deserves the opportunity to bond, heal, and thrive. By providing continuous doula care, the program works to prevent further trauma, strengthen family connections, and break cycles of family separation—empowering parents to build safer, healthier futures for their children.

Doulas are certified professionals who provide informational, emotional, and physical support to individuals who give birth in the perinatal period. [1] DSSP recruits doulas from the private workforce to provide support to parents who have experienced prior involvement with the Child Protection and Family Welfare Services or are currently at risk of separation from their children. In addition to a standard doula certification, DSSP doulas receive specific training on how to best meet the unique needs of DSSP clients.

Although the evidence base is increasing in how doulas 'fill the gap' in meeting the needs of marginalised populations,[2,3] there is limited exploration into doula support during the postpartum period for children and families involved in child protection services. The short-term impact of child removal is significant for both parents and their children (e.g. emotional trauma, disempowerment), a majority of whom experience intersectional forms of disparity during their childhoods (e.g. mental health issues, limited socioeconomic resources), which contribute to the broader long-term disparity of disadvantage for parents and their children. [4] For parents who receive limited support during child removal, there is evidence for increased repeat incidents of future child removal and continued intersectional forms of unresolved disadvantage, further repeating cycles of traumatisation. [5] This report provides a glimpse into a unique program designed to meet the needs of families at risk of child removal.

Founding of DSSP

The Doula Support Services Program was initiated by Renee Adair in 2017 and continues to be managed by Renee and Deb Nolan. Through their work as doulas and in child protection services, Deb and Renee recognised a need for increased support for marginalised parents. In particular, they saw a need to provide compassionate, wrap-around support to low-income and single parents, struggling to meet the needs of their children without reliable support from family. Originally, providing over a decade of free services from a charity network, DSSP now operates as a business organization contracted to provide tailored doula support to clients with complex needs and who are known by child protection and family welfare services as at possible risk of child removal during the postpartum period. Like much of standard doula care, this support is provided in clients' homes or current place of residence (e.g. Refuge or supported community housing) and involves attending to the physical, informational, and emotional needs of new parents.

Purpose of Evaluation

The purpose of the DSSP evaluation is to provide information regarding the program's current strengths and areas for improvement and to gain a greater understanding of the role and effectiveness of the DSSP. Data for this project were derived from semi-structured interviews with DSSP doulas, management, and clients, and

Department of Communities and Justice (DCJ) caseworkers, who shared their experiences and perspectives on the program. Data was also derived from de-identified client files and analysed to report on client characteristics. This evaluation project was conducted with support from a team of international researchers with scholarly and experiential expertise in doula support and maternal health equity, from DSSP founders, and from the community advisory committee.

Operational Framework

Caseworkers determine whether clients would be a good fit for DSSP and contact the DSSP manager. Once a job is confirmed between a case manager and the DSSP, case managers provide an informational report on the client, and a roster and support brief is created. Once this is completed, contracted Doulas are assigned to that roster. The support brief outlines the length and extent of doula support for a particular client, and why DSSP care is appropriate.

Doula support may range from providing in-home care from 4 hours a day for several weeks, to 24/7 care provided continuously for several months. In instances where continuous care is necessary, multiple doulas will support the client in shifts. During a typical shift, a doula provides infant care education, emotional support, validation, and relief to the parent when they need rest. When overnight care is warranted, doulas sleep in clients' homes.

Doulas are certified by a government-accredited doula training and receive education specific to providing support for DSSP clients. This specialised training, also known as the *DSSP Masterclass,* arose as part of the Womb-to-Tomb Foundation and is adapted continuously to address the specific needs of DSSP clients and doulas. Throughout their contract, doulas can contact Deb or Renee for ongoing support and debriefing. Doulas' support ends when the contract is complete or when children are removed from the parents' care. In some cases, referral to other programs and services may be made following DSSP support.

Methods

This evaluation was designed to support DSSP program improvement and was informed by community-based participatory research (CBPR) principles, emphasising equity and shared power between researchers and participants. An advisory board of DSSP managers, caseworkers, and doulas provided ongoing input throughout the project.

In-depth semi-structured interviews were conducted with 16 stakeholders of the DSSP, which included: clients (n=3); DSSP doulas (n=8); DSSP staff (n=3); and caseworkers (n=2). Consenting participants additionally had the opportunity to be video recorded to be used in a documentary film on DSSP, or to have their recordings utilised. The interview guide was created with input from the advisory board and focused on the role and impact of the DSSP program. Interviews ranged in length from 30-53 minutes with an average length of 44 minutes and were transcribed verbatim by a professional

transcription service. Participants were compensated for their time with a $50 gift card to a national retailer. A total of 30 participants were invited to the study and 16 participants responded. Qualitative data were analysed using a qualitative descriptive methodology, prioritising participants' own words and minimising theoretical interpretation. Findings were shared with the advisory board for feedback, ensuring continued community involvement and validation of results.

Additional quantitative data came from 185 client case reports capturing demographic characteristics, client complexities, and program outcomes. Quantitative data were cleaned and analysed using rule-based standardization and Natural Language Processing to harmonize variables and structure narrative notes. Significant limitations exist for these data related to inconsistent reporting and missing data.

Main Findings

Quantitative findings

The research team analysed de-identified program case reports, spanning August 2019 to January 2025. These data included 185 clients (rows) and 11 variables (columns) (See Table 1) describing:

- Program Details
- Family Structure
- Cultural Identification
- Complexity Narrative
- Concerns
- Outcomes

The dataset of 185 cases provides rich qualitative and quantitative insights into family support contexts, but it shows several data quality limitations that could affect analysis and reporting accuracy (Appendix 1 for full report). Around one-fifth of entries have missing or inconsistent information for key variables such as *region*, *Government Agency contact*, and *concerns*, while text-heavy fields (e.g., *parents*, *outcome*, *family complexities*) contain irregular formats, mixed case, and embedded narrative notes rather than structured categories **(Appendix 1, Table 1).**

Clients are referred to the Program through a government agency. Data was available for only 140 cases and 130 were unique values. The highest five ranking entries indicated a high portion with no reported agency contact (20%) and four agency contacts that had made multiple referrals, ranging from 2-8 cases **(Table 1).**

Table 1: Highest Five Ranking Government Agency Contacts

Government Agent Contact	Count	Percent %

Missing	37	20
Agent A	8	4
Agent B	3	2
Agent C	3	2
Agent D	2	1

For 147 cases, clients were recorded as being from 61 unique locations in New South Wales. Of the clients who had a region recorded, the highest proportion was from Blacktown (17.3%) and Central Sydney (15.7%) **(Table 2).**

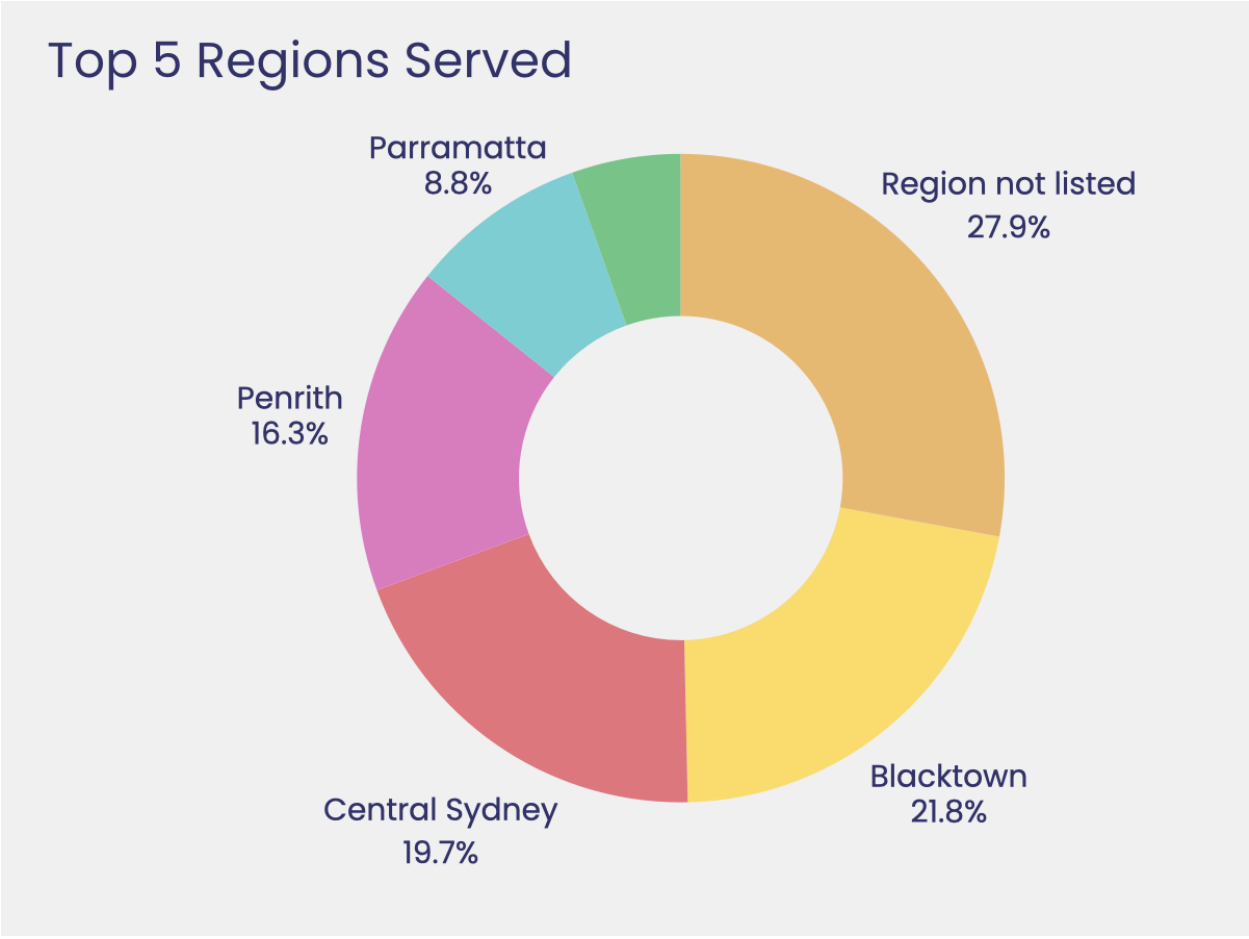


Table 2: Top Five Ranking Client Regions

Region	**Count**	**Percent %**

not provided	41	22
Blacktown	32	17
Central Sydney	29	16
Penrith	24	13
Parramatta	13	7
St Marys	8	4
Total	**147**	**100%**
* *Values are rounded and may not sum to 100%.*		

For 160 clients, a range of identified cultures was recorded **(see Table 3).** The highest percentage of clients identified as First Nations (30.27%). This percentage is well above the state population percentage (3.4%), suggesting an overrepresentation of First Nations clients.

Table 3: Client Culture Group by Count and Percentage

Client Culture Group	Count	Percent %
Aboriginal / First Nations	56	30
Australian (non-First Nations)	47	25
Unknown / Not specified	34	18
Mixed / Multiple	24	13
Asian (Chinese / Malay / Indian etc.)	9	5
European	6	3
Māori/ NS	4	2
African	3	2
Pacific (Tongan / Fijian / Samoan)	1	1

Other / Mixed	1	1
Total	**185**	**100%**
* *Values are rounded and may not sum to 100%.*		

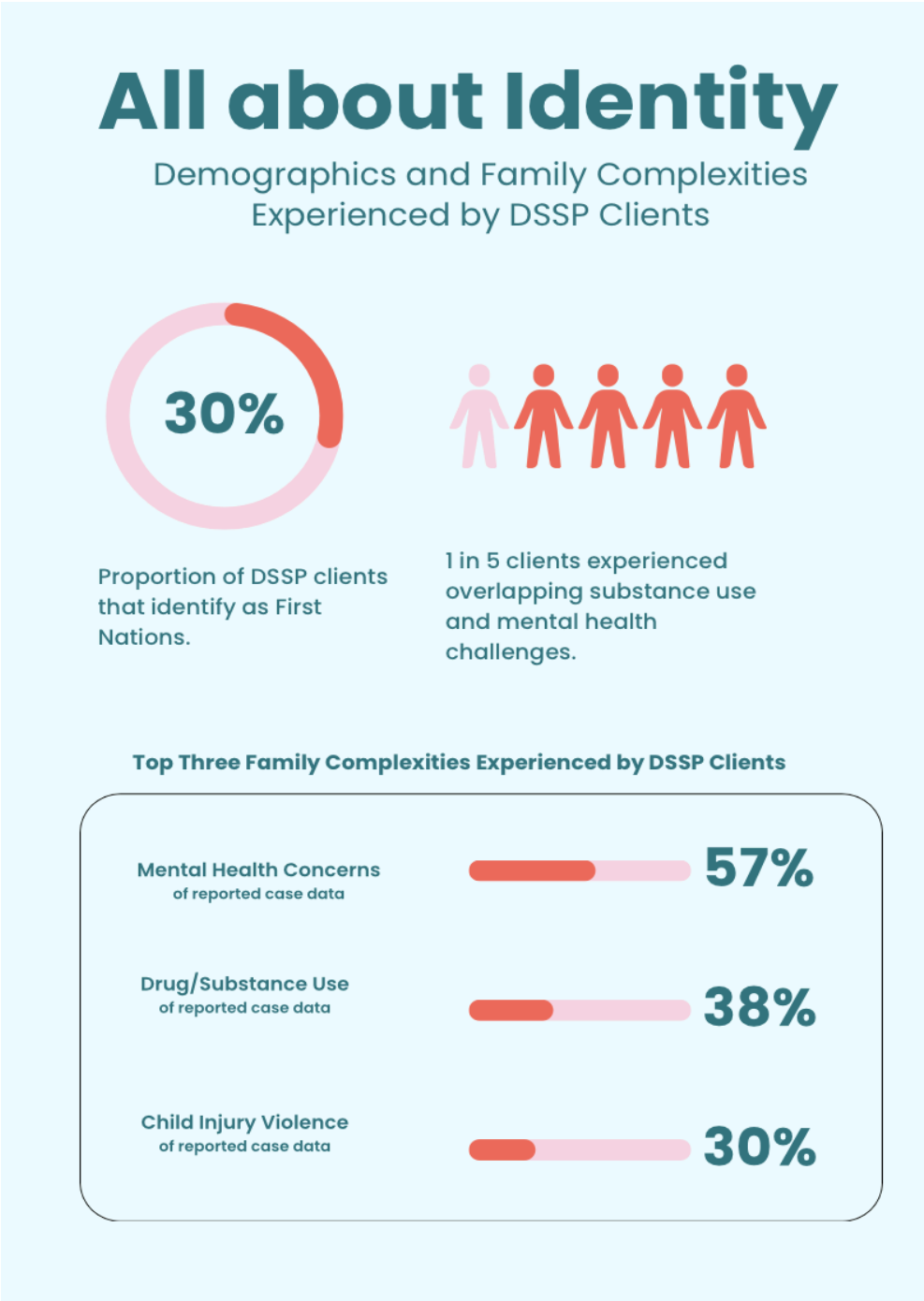
Table 4: Number of Children Cared for in Each Case by Count and Percent

Children	**Count**	**Percent %**
1	161	87
2	19	10
3	2	1
missing	3	2
Total	**185**	**100%**
* *Values are rounded and may not sum to 100%.*		

In 185 cases, the number of children being cared for was recorded **(see Table 4).** Most cases (87%) involved only one child, and a much smaller number involved two (10%) or three (1%) children

Table 5: Family Complexity Domains by Count and Percentage

Family Complexity Domains		
Primary Label	**Count**	**Percent %**
Mental Health	57	31
Drug/Substance User	38	21
Child Injury/Violence	31	17
Domestic/Family Violence	30	17
Other/General Complexity	25	14
Total	**181**	**100 %**
* *Values are rounded and may not sum to 100%.*		

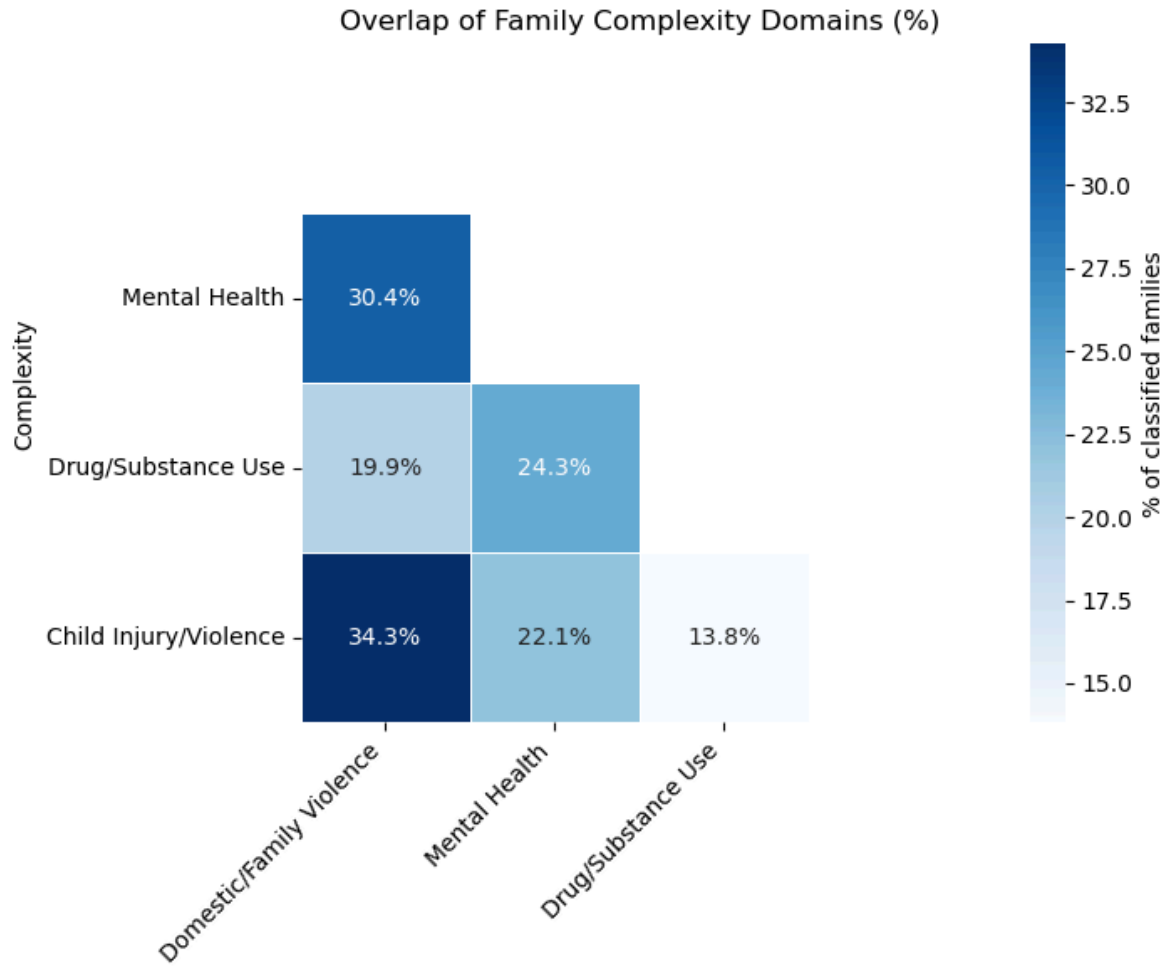


For 145 cases, free text content describing concerns was thematically grouped into meaningful domains such as mental health, substance use, and violence (see Table 7). The leading complexities were Mental Health (31.49%) followed by Drug/Substance Use (20.99%) **(Table 5).**

The results show **(Figure 1)** that family complexities overlap extensively, with many families experiencing multiple issues at the same time. Domestic and Family Violence frequently co-occurs with both Mental Health concerns (30%) and Child Injury/Violence indicators (34%), while Mental Health is the most common underlying complexity

overall, appearing in nearly 60% of cases and strongly intersecting with substance use. Substance use rarely appears on its own and is usually linked with mental health difficulties or DFV, and child safety concerns also cluster heavily with DFV. Overall, very few families present with a single issue; instead, they face interconnected challenges that require coordinated, multi-issue responses rather than siloed service pathways.

Figure 1 : Overlapping Family Complexity Domains by Percentage



For 182 cases **(Table 7),** the outcome of DSSP support was recorded. There were 32.98% of cases in which the child remained in the care of clients. This compares to 18.38% of cases in which the child was removed, and 33.51% of cases where the outcome was unclassified. Other cases were escalated or transitioned to other programs with an unknown outcome. In a small number of cases (7.57%), support ceased due to the client's non-engagement and/or aggression.

Table 7: Case Outcome Categories by Count and Percentage

Outcome Category	**Count**	***Percent %**
Unclassified	62	34
Removal from parental care	34	18
Stayed with parent(s)*	28	15
Support ceased - doing well/no extension*	28	15
Support ceased - non-engagement/scope/aggression	14	8
Restoration / maintained restoration*	5	3
Acute health/mental health escalation	5	3
Ongoing/current	5	3
Transitioned to another Program	3	2
Alternative care/supervision arrangement	1	1
Total	**185**	**100%**

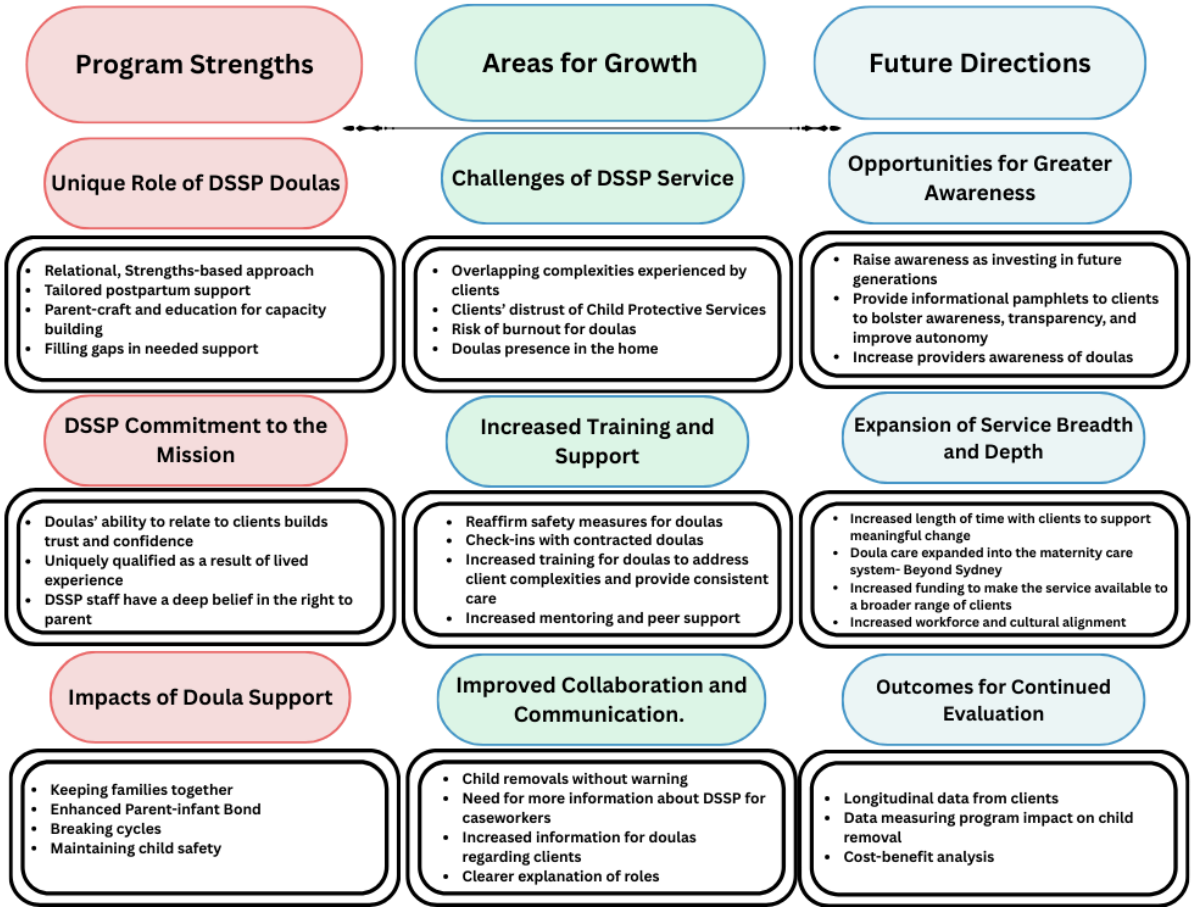
**Variables combined as qualitatively consistent for child remaining in client care.*

* *Values are rounded and may not sum to 100%.*

Qualitative Findings

Interviews with program staff, clients, doulas, and case workers were analysed thematically. The major themes arising from interviews include: 1) Program Strengths; 2) Areas for Growth; 3) Future Directions. Subthemes highlighted the unique role of DSSP doulas, their continued commitment to the program mission, as well as impacts of doula support and opportunities to grow and strengthen the program.

Figure 2. Summary of Qualitative Themes and Sub-themes



Program Strengths

Major program strengths included 1) the unique role of DSSP doulas; 2) DSSP's commitment to the mission of the program; 3) the impact of doula support. These themes demonstrated the highly specific role of doulas in providing care to clients involved in DCJ.

Unique Role of DSSP Doulas

By providing practical skills and education, alongside relational support, DSSP doulas were reported as providing care currently and historically unavailable to clients. Participant feedback elucidates the significance of DSSP within the child protection context. In addition to filling agency gaps, DSSP doulas frequently filled gaps in relational and familial support. Doulas were seen to nurture families through education and parent-craft support, essential for building parents' capacity. Participants reiterated that DSSP doula's expertise in parenting and baby care, supporting families, differentiated their service from other support services.

Table 8: Unique Role of DSSP Clients Subthemes and Exemplar Quotes

Subtheme	Quote
Regional strengths-based approach	*They've always been really respectful, empathetic, sympathetic, have a listening ear, and they're really not only just conscious of the child within the home, but really attentive to the parent and the caregiver, which is really nice because services sometimes they'll read a referral, and, "Oh, my God, how could a parent be like that?" And you see that energy reflected at home when they're there and a parent really feels that. And a lot of the time they feel quite charged where I think doula goes in with quite an ease, which is really nice. - Caseworker 3* *Their walls are dropped because it's the way we interact with them. It's the way we talk to them. We're not there to judge them. We're not there to critique them. We're there to give them further education so they can build on what they already have, because most people have basic understanding, but they're not confident. So, we help them build their confidence up by empowering them, supporting them, encouraging them, words of affirmation, positive affirmation all the time...- Staff 15*
Tailored support for postpartum period	*Not all women have partners. And even when they do, the other families or the partners or whatever, they might not necessarily know exactly how to care and support the woman who's convalescing from pregnancy and recovering. And her body's going back into, well, it's a process that leaves everything forever changed. So, I think having someone who understands that and who is adept at navigating those spaces with other women that's different to say a counsellor or a psychologist or a midwife that just comes and does physical checks. A doula is kind of making sure that the woman's okay spiritually, mentally, physically, that she's getting good nutrition, that she's getting good rest. She might go and help with a little bit of housework. She might fill in the gaps that are otherwise left by other services, which that's what I really feel is a big thing for the generalised view of why it's important postpartum to have a doula. - Doula 2* *It won't be something that you or I may see as right, you're going to want to take a lot of kids home, but it is extremely rewarding, especially when there is nobody else there for that parent. We are there at the most intimate moments, those 3:00 AM feeds. We are sitting on mum's bed when she's raw and vulnerable and in*

	need of being held by somebody. We are that somebody for them. And I think that's just the most amazing thing in the world. - Doula 10
Parent-craft and education for capacity building	*We had said restoration was viable, but just doula being in there every weekend and modelling a lot of that work, giving mum some space to then regroup, which actually allowed mum to have a really trusting relationship with a doula. . . She needed five minutes of just her own space because it would all get too much, and she would have thoughts to harm the child right in front of everyone. That was really nice to see the building of capacity for the mum alongside doula working with them for such a long-term piece of work. - Caseworker 3* *And they were also, I guess, further skilled than what we see with respite workers where they were able to actually understand that it was capacity building and not just, I mean, here to do a job or to write a report, they actually wanted to see progress as well. - Caseworker 11* *They really try and encourage you to keep working on it and persevere through it and eventually find the peace within yourself to try and be there for your child. - Client 6*
Filling gaps in needed support	*And then specific to the program, what's really great about it is that we work primarily with clients who don't have any other support and most of the time don't have family that they can rely on, don't have a lot of education around how to care for a newborn . . . – Doula 2* *I guess we saw a big gap in support for families where there might be intellectual disability for one or both of the parents. NDIS, unfortunately, doesn't really fill that gap. So, they might have disabilities where they have all these other different supports but they generally won't opt to actually provide practical skills and supports for parents, especially in-home as well. – Caseworker 1*

DSSP Commitment to the Mission

Doulas and DSSP staff expressed deep commitment to the mission, the program, and frequently described their commitment as arising from their own experiences as parents or as doulas.

Table 9: DSSP Commitment to the Mission Subthemes and Exemplar Quotes

Theme	*Q*uote
Doulas' ability to relate to clients builds trust and confidence	*I think in a way, kind of hearing some of the doulas talk about their own personal experiences as a single mum came in really handy. It was really, really great to know that. Okay. So, I'm not the only ... In a way, I already knew that I wasn't the only one that was going through it, but it helps to hear another person's experience to know that I'm not overreacting on how stressful it could be. - Client 6*

	They were a relative or a friend, a family friend, and you felt like you could just talk to them about anything with your child. And it always made me feel comfortable. And topics with my child and how to do this. And they would give me their tips of how to do this, what they did with their own children and their grandchildren. Client 14
Doulas are uniquely qualified as a result of lived experience	*I think that doulas have a deeper level of understanding of parenting and being a woman and being a mother. It's not that other people can't have that compassion as well, but if you've got, for example, a male who's been assigned to your case and you're a mother with a newborn baby, that connection's very hard to form. – Doula 1*
Deep belief in the right to parent	*We're healing trauma and changing lives. I have come at this from a humanitarian space and a human rights space. I believe every parent has the right to have a go. Might not always work out, and that's actually okay. But that it's really important to give people a chance. Real chance. That is a driver for me. - DSSP Staff 13*
Personal Experience/Similar Experiences	Their own positive birth experiences and wanting to support *'wanting to support other women to birth outside of the box' (Doula 7); [*having a] *deeper level of understanding of parenting and being a woman and being a mother. Doula 1* *(being) a single mum-Doula 7*

Impacts of Doula Support

The mission of DSSP is to build the capacity of parents and provide them with a chance to restore parental rights. Importantly, whether or not parents were able to maintain custody, participants described DSSP support as valuable for minimising trauma and helping to break cycles. Participants viewed doulas' presence in the home as providing children with quality time with their parent(s), a valuable outcome in itself.

Table 10: Impacts of Doula Support Subthemes and Exemplar Quotes

Theme	Quote
Keeping families together	*There is one mum who would tell me to go away, not in those words, but she would tell me to go away. Now she comes to me and she says, "I remember when you taught me this when my daughter was this old, and I still do it." She's had another baby since, she goes, "Now I do it with my new baby." So, we do make an impact, and even if it's just a little one, even if they remember one thing, I feel like they will remember that the space we held for them. So, I don't know if that went around in circles there. - Doula 10*
Enhanced parent and infant bonding	*Unfortunately, we weren't able to keep those kids in the home with their mum at the time, but they were able to spend a lot of valuable time with their mum when doula was in the home.* - Caseworker 3

	I think personally, outcomes are very difficult to, I don't know if you can determine, my daughter ended up losing custody of her baby, she did. And that absolutely had nothing to do with the doula service. The doula service had well and truly ceased by then. Yeah, personally, if the doula service could go on for a couple of years, I think that would've been absolutely in her best interest. But that wasn't an option, unfortunately. So, I think sometimes, the end result may not necessarily speak to the success or otherwise of the program, basically. – Client 8
Breaking cycles	*Sometimes even working out that the best way forward is that the child does not stay with its mother, but we deal with that in perhaps a way that is better for the mum, if we get to work with [organisation] on a removal... I guess by keeping one family together, we're breaking often historical pain and trauma. We're giving a child an opportunity to remain with its parents. -DSSP staff 15* *Because that's ultimately what we want to do, we want to break the cycle of why they're there in the first place and teach them the skills, the physical and emotional skills that they need to bond and to care for their child. But do that in a way that shows them love and care because you can only know love and care when you've been shown love and care. And most of these girls and women have no real background in what that looks like, and what they thought was love and care was actually abuse. - (Doula 9)*
Maintaining child safety	*We had a case a couple of years ago where the duty team responded to worries about a mother's mental health where I think she was wanting to take her life and that of her child as well. . . So, one minute there was this huge worry about the safety of that baby in that mum's care and whether it's safe or not. But we were able to manage that with the doulas. And within a couple of weeks, the situation had deescalated to a point where we could case-plan and help her get on with life. . .And it just evolved so beautifully. And then when he took a step back, it's like, oh, my God, look at the difference within a month. Here we were, that baby could have entered care. – Caseworker 4*

Areas for Growth

Areas of growth include results demonstrating factors that could be improved to optimize DSSP care. These include: 1) challenges of DSSP service; 2) increased training and support; 3) improved collaboration and communication.

Challenges of DSSP Service

Participants expressed that clients often had initial resistance to DSSP support due to long-term engagement in the child protective system, and that doulas were well-positioned to reach these clients and build trust. Reluctance to engage in DSSP support may be related to clients having a limited understanding of DSSP doulas' roles, multi-agency involvement in their care, reporting requirements related to keeping families together, the potential of child removal, and the invasiveness of doulas' 24-7 presence in their homes.

Table 11: Challenges of DSSP Service Subthemes and Exemplar Quotes

Subtheme	Quote
Overlapping complexities experienced by clients	*But also, it's not just one thing that is coming in, we're dealing with multiple kinds of issues at play. So, it'll be mental health, it'll be DV and then there'll be substance use all in one, rather than some of the other CSCs around where they cater just towards, it could just be one thing, domestic violence where for us there's a lot of underlying things at play with the community in the eastern suburbs. Yeah, and what did you say about the gap? - Caseworker 3*
Clients' distrust of Child Protective Services	*So, a lot of the time the clients don't have a choice to have our support in the home. They have to sign the safety plan to agree to it or their child will be removed. So that's what we're walking into. We're walking into a home that don't want us there, they're being forced to have us there, and we're met with hostility, aggression, and dismissiveness. Sometimes they can be quite rude, quite aggressive, quite scary, as well. - DSSP Staff 15* *I think a lot of the resistance overall is just coming from anything that's from the department, which is normal. That is something that we normally have to face, particularly with us coming to a person's home. That is a real stickling point. They don't want us involved. And then I think anything that comes from us because of the lack of trust from the community to the department and obviously the harm that we have caused to a lot of families previously, they don't trust us even though we're human. - Caseworker 3*
Risk of burnout for doulas	*When I started the job, we had a lot of pressure to do a certain amount of shifts per week to offer the client continuity. I'm really grateful that that has changed and our manager now doesn't put that pressure on. So that's the main burnout for me. I'm a single mum, I have my daughter every second week, so it's tricky to do three 12-hour night shifts in a week, and then I can't work the other week when I've got my daughter. So that'd be the main one. - Doula 7* *Yeah, it impacts my life. It's my parents, my family, my children, my partner. All the people in my life are on high alert when I go into a client's home, and they look after my wellbeing. - Doula 12* *It also, it's adult work, and they know that if they're struggling with anything, they are to pick up the phone and speak to me about anything at any time of the day, and I'm available to them 24 hours a day, and they know that and they do call me if they're struggling at work, they'll call me at 3:00 AM, I answer. We debrief. . . Obviously, if we have conversations and they say, look, I'm really tired. I'm burnt out. I need to be off the program for a few weeks, and I respect that, and I don't reach*

	out to them, and I don't offer them work, and then they'll come back to me if and when they're ready. - DSSP Staff 15
Doulas presence in the home	*There was a lot of things they could have done to make me feel more comfortable. One is to respect privacy when you're on the phone with somebody. Or when you're with your partner, to not invade the space when you don't get much quality relationship time. Don't leave your child in one of those bassinets or egg chairs not strapped in. And to not discriminate your family member or your partner behind their backs. – Client 14*

Increased Training and Support

Safety measures, professional debriefing, and peer support were reported by DSSP doulas as essential support, particularly when navigating abrupt endings with clients. DSSP managers described continued government buy-in and an increase in the DSSP doula workforce as vital to the ongoing sustainability DSSP program. DSSP Doulas spoke to the need for First Nations doulas to meet the needs of First Nations clients specifically.

Table 12: Increased Training and Support Subthemes and Exemplar Quotes

Theme	Quote
Reaffirm safety measures for doulas	*So just having those team meetings where we reiterate that our safety comes first and that we can leave a house, a shift, if we're not feeling safe, that'd be the main thing. - Doula 7*
Check-ins with contracted doulas	*So, I feel like more structured services to check in with your contractors, whether that be once every three months, because we are contractors, I get that. But once every three months, let's have a meeting. Let's check in, the meeting's compulsory and you have to attend. So that would be my biggest, it stands out. - DSSP Staff 13*
Increased training for doulas to address client complexities and provide consistent care	*This is the thing, I feel like a lot of the government support around mental health is more of a band aid approach and not so much looking at longevity of support or long-term changes or the sustainable relationships in that woman's life that can help continue because it's not enough to just have one or two sessions with someone. . .So I think that's really missing, and that would be actually a great thing for more doulas to get trained up in specifically, really, because that would be just another avenue in which we could fill in those gaps.- Doula 2* *I think more training as a group, so we're more cohesive about how we deliver the program, especially with the new doulas who are joining and haven't got the experience and training that we've done. - Doula 7*
Increased mentoring and peer support	*But there's still capacity to just want to ask someone a question or tease something out, or if you're facing a situation, you hadn't faced before. So, I think, formal or informal mechanisms for answering questions, but particularly for new people, maybe it's intro-ing them to other doulas in*

	the team and giving them a legitimate... I always felt a bit cheeky. I'd kind of reach out to someone that I had a little inroad to ask them a question. Maybe it's a more formal mentoring approach, or just having the capacity to ask people, "How did you do it?"- Doula 16

Improved Collaboration and Communication

As a contracted service, DSSP doulas are not in control of when their support ends, and in some cases, are not informed, resulting in undue emotional stress. Participants also described wanting additional information about their clients from child protective services to better understand the agency's role and decision-making process. Without this information, doulas expressed feeling taken off guard when children were removed suddenly.

Table 13: Improved Collaboration and Communication Subthemes and Exemplar Quotes

Theme	Quote
Child removals without warning	*But in that situation, the case worker had not given us enough background information about why the first four kids had gone into care, and that was a massive omission from the case worker. If we'd known what we now know about the history, we would've had a few more antenna out to look out for certain things and it wouldn't have surprised us quite so much when it [the removal]. - Doula 5* *I think DCJ, it'd be good if they agreed to always let us know if they're going to remove a baby on our shift. That's been a really big issue in the past. They seem to have this idea that we're like a flee risk for the women, that we'll tell them, they don't really understand more informed about what our scope of work is would be good. - Doula 7*
Need for more information about DSSP for caseworkers	*So, you've got a case manager who doesn't know what a doula is, doesn't know the benefits of a doula. She sees doula support services, and she sees another service. She thinks that both services do the same thing. They do not, but she thinks they do the same thing. So why would she go with the more expensive service when her funding has a cap? Why would she go for the most expensive? So, I think it's the lack of knowledge, and obviously this is amazing, that the case managers have as to why we don't get work. - Doula 10*
Increased information for doulas regarding clients	*Probably communication all round. . . I do feel like the information that comes from the caseworkers about the families is often lacking. So, we're often going into situations where it's like, oh, okay, I didn't know about this and I didn't expect this. And I'm fairly certain the caseworkers should be going to each location where the families are to check everything out. -Doula 1*
Clearer explanation of roles	*They see the very warm and fuzzy side of things where like, not everything is as it seems. So, yeah, that kind of work. But I still feel it's DCJ's responsibility to make sure that when we enter into a contract to clearly explain your role for the first three days is to give a hand because*

	they've just birthed from. That point onwards, let's just review what is natural and not get into the pitfall of just doing everything for the client and create a monster out of that situation. - Caseworker 4

Future Directions

Participants noted important ways for DSSP to grow. Suggested future directions for DSSP included opportunities for greater awareness of DSSP and expansion of DSSP service, both in terms of areas covered and quality of support provided. Additionally, participants described a need for ongoing evaluation of the program to assess continued effectiveness.

Opportunities for Greater Awareness

The results of this evaluation demonstrate a need for increased awareness of DSSP among maternal healthcare providers, DCJ caseworkers, and clients. In particular, participants described a need for a written description to share with clients and increased education for caseworkers, so they were more apt to use the service.

Table 14: Opportunities for Greater Awareness Subthemes and Exemplar Quotes

Subtheme	Quote
Raise awareness of program as investing in future generations	*No, I think programs like the doulas need to be more and more promoted. And I think governments need to realise the benefits of investing in these programs early on as part of early intervention. And also, I think from a health perspective as well, the outcomes for those children when they've had their parents demonstrated a good quality parenting and how that impacts on the child's experiences. Like small little things like this is tummy time, this is how you do it, and this is playtime for this baby. And all of those neurons that are developing, the value in it is just not recognised. It just looked like, oh, this is just not a service. This is costing a lot of money. But no one's really talking about, well, that service is actually providing a very quality education in the home to your most vulnerable parent at this point in time. - Caseworker 2*
Provide informational pamphlets to clients to bolster awareness, transparency, and improve autonomy	*And then I think anything that comes from us because of the lack of trust from the community to the department and obviously the harm that we have caused to a lot of families previously, they don't trust us even though we're human. . . So, anything else that we provide them that could be an outsource of an agency that's not working, that's not within the department is still quite an issue. But a lot of them, you can just give them that information, let them sit with it. That's where giving [DSSP organiser] number has been really helpful or just giving them a pamphlet around what doula does and letting them have that decision or letting them have choice becomes really useful because if you give them choice they feel like they have some power in the situation. Caseworker 2*
Increase providers awareness of doulas	*I think most people's reactions are quite similar. It's like, what's a doula? And I think people can be quite standoffish at first just because they don't understand. They don't know what it is, and everyone's just like, oh, you're*

	a midwife. And so, once you explain what it is you're doing, and I've had to explain it to a lot of people, people just think it's the most amazing thing ever, and they just can't believe people do this and that there's services like this. So, I guess any healthcare providers that I've come in, I haven't come into contact with many, to be honest, but I think they're always standoffish at first. But once they understand your role, they think it's amazing. – Doula 1

Expansion of Service- Breadth and Depth

The results demonstrate a desire from doulas and clients to make DSSP more widely available to a wider range of perinatal people and throughout other areas in Australia. Doulas also described a need for increased length of time with clients and for First Nations doulas to ensure culturally relevant care.

Table 15: Expansion of Service- Breadth and Depth Subthemes and Exemplar Quotes

Subtheme	Quote
Increased length of time with clients to support meaningful change	*So, I guess I feel there's so much more I want to do, but there isn't enough capacity a lot of the time. A lot of the jobs are one or two weeks long and that's it. They just want us to go in, be the eyes, make sure nothing bad has happened and get out. So there just isn't a lot of scope to actually work on these women as people, as functioning humans that are going to bring up their children. - Doula 1*
Doula care expanded into maternity care system- Beyond Sydney	*I really think that this program is incredible. I feel like it needs to be in every state across Australia. As far as I'm aware, it only operates in Sydney, and this is something that should be built into our care system, built into the health, the maternity care system. And that's the long-term vision that I don't know if everyone has that for this project, but that is what I would love to see is there...- Doula 2*
Increased funding to make service available to a broader range of clients	*If [name blinded] hadn't been known to child services and that sort of thing and had they not been funding the service, it certainly wouldn't have been something that would've been on my radar or my ability to self-fund. So, whether that means more government funding, and like I say, I know that docs use the doulas on a regular basis, which is amazing because a terrific service and terrific value for money, I think. But certainly, for those families that for whatever reason, they just have a disabled child who then has a baby, and they're not known to docs or what have you, I think that would be a difficult scenario. – Client 8*
Increased w orkforce and c ultural a lignment	*So, I feel like the biggest problem is that Australia is a very racist country, and I see that play out a lot in this job. So, I think a lot about how I wish that a bunch of First Nations doulas would be trained onto our program and be put as often as possible on those shifts in those houses. I would happily step back from those jobs for them to be more appropriate. Doula 7*

Outcomes for Continued Evaluation

Participants described wanting more feedback from clients and recommended providing incentives to encourage clients to engage. Participants also expressed a desire for longitudinal research to collect data on outcomes over time. Incentives were viewed as valuable for this

Table 17: Outcomes for Continued Evaluation Subthemes and Exemplar Quotes

Theme	Quote
L ongitudinal d ata from clients	*But actually, evaluating the side of things that we do with them at however, whatever intervals I think would be really interesting and useful information and asking them directly, do you think this helped? What have you learned from the doulas in this program? - Doula 1* *I think maybe a survey at the end of the program every time it's finished. Maybe we could do a survey with the parent where we started, how confident you felt to where we are. It's like a self-check. - Caseworker 4*
Data measuring program impact on c hild removal	*Is there an opportunity to go back and have a check-in and see how they're doing? Because it's all good and well to support them for this particular timeframe, but what I really am interested and want to know is whether our care and support and education have been effective enough to sustain them beyond the time that we're physically in their house or not. - Doula 2*
Cost-benefit a nalysis	*I think probably requesting DCJ to do a little bit deeper dive into some qualitative analysis, looking at the cost benefit. Because I mean, anecdotally, we can tell you how many children we've saved from entering into out-of-home care by just providing the doula support in the moment that is needed and upscale the parents and then just send them their merry way. The department needs to see then the dollar saved, or have those children entered care in that moment, what would be the cost to us? - Caseworker 4*

Discussion and Recommendations

Overview of Results

The Doula Support Solutions Program (DSSP) is a unique service utilised in NSW Australia to provide relational postpartum support to families under the supervision of child protective services. Distinct aspects of DSSP included a contract-based structure and specified training to ensure doulas are equipped to provide high-quality, tailored care. Participating case managers expressed confidence in DSSP's ability to meet clients' needs in ways other agencies were not, indicating that DSSP has high value in child protective services and is generally well-accepted. Notably, there was concern that doulas may go beyond their scope of care and an emphasis on the need for doulas to

assert professional boundaries. Doulas themselves described occupying a liminal space as supervision and support for clients, with honesty and transparency being cited as valuable for overcoming clients' distrust. Not all DSSP cases resulted in family unification or positive bonds between doulas and clients; nonetheless, providing parents a "fair go", rooted in both legal and values-based mission of DSSP, mitigated trauma and increased parent-infant bonds.

Quantitative findings from the clients' case files add depth to these qualitative findings. The focus of this research was to evaluate DSSP program components, and not the characteristics of DSSP clients or child protective services more broadly. Yet, the analysis of case data shed light on the over-representation of First Nations clients and parents impacted by multiple social complexities, like substance use, mental health, and domestic violence. These factors were reflected in qualitative data, wherein participants voiced their concerns about DSSP's ability to impact broader systemic issues. First Nations children aged 0-17 are 12 times as likely to be placed in care outside their home compared to non-First Nations children.

The short-term impact of child removal is significant for both parents and their children (e.g. emotional trauma, disempowerment) and can contribute to the broader long-term intersectional forms of disparity (e.g. mental health issues, limited socioeconomic resources) for parents and their children (REF). For parents who receive limited support during child removal, there is evidence for increased repeat incidents of future child removal and continued intersectional forms of unresolved disadvantage, further repeating cycles of traumatisation cumulatively (REF). Our evaluation of DSSP revealed awareness of the compounding interplay between systemic influences, involvement in child protective services, and ongoing trauma, as 'a cycle.' In this context, doulas' role as non-judgmental and relational support may be especially beneficial.

Recommendations

Bridge Gaps in Communication Between DCJ and DSSP

- Bolster awareness of doulas' scope and purpose among caseworkers.
- Team building to reorient to the shared goal of ensuring child safety and well-being.
- Standardised forms for communication could be examined and updated to ensure doulas are provided the information necessary to ensure their safety, and the safety of their clients.

Expansion of Service to Consider Quality and Scope of Care

- Expansion through broad-based funding and support could benefit a greater Australia and a larger client base.
- Special attention should be paid to the creation of systems and supports for doulas to ensure care remains high-quality and to prevent burnout.
- Recruiting First Nations doulas to the DSSP workforce is especially important for meeting the needs of families disproportionately impacted by surveillance.

Improved Quantitative and Qualitative data collection

- Consistency and streamlining cultural group naming would greatly improve future reporting.
- Inconsistencies in how the outcome was recorded made interpretation difficult. As this is an outcome of primary interest, streamlining the reporting of this variable is crucial in being able to demonstrate program impact.
- Eliciting the perspectives of clients as well as following up on their progress in the long term could provide essential information about program effectiveness.

APPENDIX

Appendix A: Methods and of case data

Methods

Theoretical Framework and Community Involvement

The evaluation team recognises that participants of this study had varied experiences and perspectives, and they value the multitude of findings as a strength of qualitative inquiry. We approached our research through the lens of constructionism, with the understanding that the results may not point to a singular truth but highlight multiple strengths and areas for growth of the program.[10] This research was also guided in part by the needs of DSSP program managers by focusing on collecting data helpful for program improvements.

Community-based participatory research (CBRP) approaches also informed the research design. CBPR aims to involve those impacted by the issue being studied in research design, data collection, and analysis.[11] Acknowledging the historical context of hierarchy between the researcher and those researched, CBPR calls for actively engaging participants as co-researchers and shifting power towards equity.[11] Throughout the project, meetings with an advisory board, comprised of DSSP managers, caseworkers, and doulas, took place to encourage ongoing feedback, integrated throughout the project.

Data Collection

Participant recruitment involved snowball sampling through existing DSSP networks. The researchers conducted in-depth semi-structured interviews with 16 stakeholders of the DSSP, which included: clients (n=3); DSSP doulas (n=8); DSSP staff (n=3); and caseworkers (n=2). Consenting participants additionally had the opportunity to be video recorded to be used in a documentary film on DSSP, or to have their recordings utilised. The interview guide was created with input from the advisory board and focused on the role and impact of the DSSP program. Interviews ranged in length from 30-53 minutes with an average length of 44 minutes and were transcribed verbatim by a professional transcription service. Participants were compensated for their time with a $50 gift card to a national retailer . A total of 30 participants were invited to the study and 16 participants responded. Quantitative data was collected utilising 185 client case reports.

Data Analysis

A member of the research team with quantitative expertise cleaned and analysed the data using a combination of rule-based standardisation and Natural Language Processing (NLP).[12,13] This methodology successfully harmonised 61 unique variables and transformed unstructured narrative notes. These case reports collected information on clients' race, number of children, contributing complexities (substance use, mental health, etc), and outcome of DSSP involvement through a fill-in-the-blank questionnaire.

Qualitative descriptive methodology was used to inform qualitative data collection and analysis.[14] A low-interpretive approach, this methodology highlights the importance of adhering to the meaning of participants' words and presenting findings clearly and with limited theoretical influence. We choose this methodology because it provides both structure and flexibility, allowing for emergent data and producing data specific to answering focused questions.[14] Results were presented to the advisory board on two occasions, and a summary of findings was sent to all advisory board members for feedback.

Limitations

The dataset of 185 cases provides rich qualitative and quantitative insights into family support contexts, but it shows several data quality limitations that could affect analysis and reporting accuracy. Around one-fifth of entries have missing or inconsistent information for key variables such as *region*, *Government Agency contact*, and *concerns*, while text-heavy fields (e.g., *parents*, *outcome*, *family complexities*) contain irregular formats, mixed case, and embedded narrative notes rather than structured categories (Table 1).

Table A1: Summary of All Missing Variable by Count and Percentage

Missing values column summary	Count	Percentage %
Government agency contact	37	20
Region	39	21
Children	1	1
Parents	6	3
Date of program	6	3
Identifying culture	26	14
Children currently in parents care	6	3
Total number of children	8	4
Family complexities	4	2
Concerns	41	22
Outcome	4	2
Total	178	100%
* *Values are rounded and may not sum to 100%.*		

Geographic Areas

Any record containing ambiguous, missing, or placeholder values (e.g., “?”, “na”, “none”, “nan”) was recoded uniformly as “not provided.” These transformations ensured all geographic information was harmonised into a consistent and analytically meaningful set of region categories.

Identifying Culture

To standardise the free-text cultural identity field, we developed a rule-based classification system using a set of predefined regular-expression patterns. Each entry was converted to lowercase and scanned for keyword matches associated with major cultural groups, including Aboriginal and Torres Strait Islander, Australian (non-first nations), Māori/New Zealand, Pacific communities, Asian backgrounds, European backgrounds, African backgrounds, and Middle Eastern groups. The algorithm iteratively checked each response against these pattern lists and assigned the corresponding category. Records matching more than one group were labelled as *Mixed / Multiple*, while entries containing no recognisable keywords were classified as *Other / Mixed*. Missing, blank, or ambiguous responses (e.g., “NA”, “unknown”, “no info”) were recoded as *Unknown / Not specified*.

Children Involved in Case and Children Currently in Parent’s Care

To clean and standardise the free text *children* field, we created a simple parsing function that extracted the number of children from each entry. The function first converted each response to lowercase, then searched for numeric patterns such as “1 child” or “2 children.” For text-based entries, common number words (e.g., *one*, *two*, *three*, *four*) were mapped to their corresponding numeric values. Any response that did not contain a recognisable quantity was coded as missing. This produced a new numeric variable suitable for tabulation.

Beyond the child/ren involved in the case, case families often had additional children both in their care and outside care. To standardise the *children currently in parents’ care* field, we built a custom text-parsing function that converted a wide range of free-text descriptions into a consistent numeric count. Each entry was normalised to lowercase and screened for explicit missing indicators (e.g., “NA”, “n/a”, “–”), which were coded as missing. Phrases clearly indicating that no children were in parental care—such as references to foster care, removal, OOHC, kinship care, or similar—were uniformly coded as zero. For remaining entries, the function first attempted to extract any standalone number in the text, restricting valid values to the plausible range of 0–15; if no digit was present, the function searched for written number words (e.g., *one*, *two*, *three*) and mapped these to integers. Any entry that did not contain a recognisable quantity was left as missing.

Family Complexities

A zero-shot text classification approach was used to organise the free-text *family complexities* notes into a set of predefined themes. The raw text was first lightly cleaned by removing extra spaces and normalising punctuation, and only rows containing

meaningful text were retained for analysis. The BART-large-MNLI model was then applied; this is a large transformer model trained by Facebook AI that combines bidirectional and autoregressive processing to understand language and is fine-tuned on the MNLI (Multi-Genre Natural Language Inference) dataset. Because of this training, the model excels at zero-shot classification, meaning it can assign labels to text without needing any task-specific training data. Each note was evaluated against four thematic categories: Domestic/Family Violence, Mental Health, Drug/Substance Use, and Child Injury/Violence. The model generated a probability score for each category. A primary theme was selected based on the highest score (with a minimum threshold), while additional themes were assigned when multiple categories exceeded a secondary score threshold, allowing multi-label classification. All scores and assigned labels were merged back into the dataset, and a summary table showing category counts and percentages was produced for reporting.

Around one-fifth of entries had missing or inconsistent information for key variables such as *region*, *Government Agency contact*, and *concerns*, while text-heavy fields (e.g., *parents*, *outcome*, *family complexities*) contain irregular formats, mixed case, and embedded narrative notes rather than structured categories (see Table 10).

Case Outcome

The outcome text in the dataset was grouped into meaningful categories using a set of simple keyword-based rules. Each outcome note was cleaned first by removing extra spaces and standardising punctuation. A list of outcome categories was then created, such as removal from parental care, restoration, staying with parents, transition to another service, support ending, health or mental-health escalation, and ongoing cases. For each category, a collection of common words and phrases was defined (for example, “foster care,” “returned to parents,” “stayed with mother,” “referred,” “case closed,” or “hospital admission”). The script scanned each note and assigned it to the first category whose keywords appeared in the text, following a clear priority order. If no keywords matched, the note was marked as “Unclassified.” The results were then summarised in a table showing how many cases fell into each category and the percentage of the total, and all coded outcomes were saved into a new file for reporting and further analysis.

Appendix B: Interview Guides

Interview Guide: Clients of DSSP Program

Thank you for agreeing to complete this interview with me. I am a researcher and also a doula who is interested in understanding how doulas support families. I will be asking you a series of questions about your experiences using a doula (non-medically trained childbirth companions) from the DSSP Program. Feel free to ask me questions and you do not have to answer any question that you do not feel comfortable answering. If you need time to think about any of the questions, feel free to say this and we can come back to it. Although I am a doula, your honest opinions are appreciated in understanding the DSSP program, and I will not take it personally. We asked you to do this interview today so we could try to better understand your thoughts, feelings, and perspectives about doulas. Doulas can play different roles during a pregnancy, birth, or after birth.

Preliminary and DSSP Program Questions

1. When did you most recently give birth?
2. Do you have other children? If yes, did you use a doula during one of your previous pregnancies?
3. How would you describe a doula to someone who doesn't know what it is?
4. How did you first meet your doula?
5. What were your first impression about the DSSP Program and the doulas?
6. What has been your experience using doulas?
7. What do you see as the potential benefits of having a doula?
8. What might be some cons to having a doula?
9. What might make you more or less interested in working with a doula in the future?
10. We are particularly interested in the role that DSSP doulas may play in improving health outcomes for people experiencing perinatal mood and anxiety disorders (PMADs). What role do you think DSSP doulas could play in supporting people who have PMADs?
11. During the post-partum time period (i.e. after the baby is born)?
12. What role might doulas play in:
    a. Providing emotional support?
    b. Providing social support?
    c. Providing education/informational resources?
    d. Providing physical support/resources (physical comfort during labour, watching infant during post-partum time period).
    e. Improving client self-efficacy related to PMADs?
13. What kind of training do you think a doula focused on PMAD should have?
14. If there were a doula program in your community, how would you decide if it was successful?
15. Is there anything else you'd like to tell me about?

Interview Guide: DSSP Program Doulas

Thank you for agreeing to complete this interview with me. I am a researcher and also a doula who is interested in understanding how doulas support families. I will be asking you a series of questions about your experiences providing doula services to clients of the DSSP Program. Feel free to ask me questions and you do not have to answer any question that you do not feel comfortable answering. If you need time to think about any of the questions, feel free to say this and we can come back to it. Although I am a doula, your honest opinions are appreciated in understanding the DSSP program, and I will not take it personally.

1. How did you first hear about doulas?
2. Could you please describe how you became a doula?
3. How long have you been a doula?
4. Why did you become a doula?
5. What training did you go through to become a doula? What did this training include?
6. Where have you been providing services?
7. Have you ever worked in another healthcare setting?
    a. If yes, how has this shaped you as a doula?
8. What types of doula services do you provide?
9. What do you think makes doula care unique from other types of pregnancy/post-partum support?
10. Could you please share how you joined the DSSP Program?
    a. How did you hear about it?
    b. What were your first impressions?
    c. How would you describe your role as a DSSP doula to someone who doesn't know who they are?
    d. Could you please describe any specific training you received when you became a DSSP doula?
11. What is the primary population that you serve as a DSSP doula?
12. What do you see as some of the primary needs/gaps in care or resources experienced by your clients?
13. What do you see as the most important benefits of working with a doula for your clients?
14. Would you be able to share a highlight of your experience as a DSSP doula?
15. Likewise, has there been any challenges being a DSSP doula?
16. Have you had any clients who have experienced PMADs? If yes, please tell me about these experiences.
17. We are particularly interested in the role that DSSP Program doulas may play in improving health outcomes during the post-partum period for people experiencing PMADs. What role do you think DSSP Program doulas could play in supporting people experiencing PMADs? During the post-partum time period?
18. What role might DSSP Program doulas play in:
    a. Providing emotional support?

    b. Providing social support?
    c. Providing education/informational resources?
    d. Providing physical support/resources (physical comfort during labour, watching infant during post-partum time period).
    e. Improving client self-efficacy related to PMADs?
19. What has been your experience working with healthcare providers as a doula? In private practice and/or as a DSSP doula?
20. What were providers impressions/responses of the DSSP program?
21. What are your experiences receiving training to support clients with PMAD, as a private practice and/or as a DSSP doula?
22. What kind of training do you think a doula focused on PMAD should have?
23. If there were a doula program in your community, how would you decide if it was successful? What kind of outcomes would you look for?
24. Is there anything else you'd like to tell me about?

Interview Guide: DSSP Staff

Thank you for agreeing to complete this interview with me. I am a researcher and also a doula who is interested in understanding how doulas support families. I will be asking you a series of questions about your experiences providing mental health services to pregnant and post-partum people. Feel free to ask me questions and you do not have to answer any question that you do not feel comfortable answering. If you need time to think about any of the questions, feel free to say this and we can come back to it. Although I am a doula, your honest opinions are appreciated in understanding the DSSP program, and I will not take it personally.

Preliminary Questions

1. Could you please share how you first heard about the DSSP program? What were your first impressions?
2. What is your role in the DSSP Program?
3. Where/How long have you been providing services?
4. What is the primary population of the DSSP Program?
5. What do you see as some of the primary needs/gaps in care or resources experienced by your clients?
6. Are these needs/gaps exacerbated during pregnancy or the post-partum time period?
    a. If yes, in what ways?

DSSP Program Doula Questions

We asked you to do this interview today so we could try to better understand your thoughts, feelings, and perspectives about the DSSP Program doulas.

1. First, we wanted to ask what was your first experiences hearing about doulas? How would you describe a doula to someone who hasn't heard of them before?
2. Have you ever worked with a doula before? [If yes, what was this experience, how was it, etc].

3. Could you please explain the role of a DSSP Program doula?
4. Could you please share how the Department of Communities and Justice engaged with the Australian Doula College's DSSP Program?
5. Thinking about the clients engaged with the Department of Communities and Justice agency (e.g. Child Protection and/or Welfare services), what do you see as the potential benefits of working with a DSSP Program doula?
6. Do you have any concerns about the DSSP Program and doulas?
7. What are some of the obstacles to including DSSP doulas within Child Protection and/or Welfare services?
8. What are some ways these obstacles or barriers could be alleviated or addressed?
9. We are particularly interested in the role that DSSP Program doulas may play in improving health outcomes during the post-partum period for people experiencing PMADs. What role do you think DSSP Program doulas could play in supporting people with PMADs? During this time period?
10. What role might DSSP Program doulas play in:
    a. Providing emotional support?
    b. Providing social support?
    c. Providing education/informational resources?
    d. Providing physical support/resources (physical comfort during labour, watching infants during post-partum time period).
    e. Improving client self-efficacy related to PMADs?
11. What kind of training (if any) do DSSP Program doulas receive to support clients with PMAD? If not, what kind of training do you think a doula focused on PMAD should have?
12. How would you decide if a doula service like DSSP Program was successful? What kind of outcomes would you look for?
13. Is there anything else you'd like to tell me about?

Appendix C: Table of Findings

In the process of analysing the findings of this evaluation, researchers developed a more expansive table of themes and subthemes (Table C1). Though many of these themes are represented above in the main findings of the report, this table includes more detailed subthemes, several of which are not represented above.

Table C1: Table of Findings

<table>
<tr><th colspan="3">Unique Role of DSSP</th></tr>
<tr>
<td>Mission and purpose
Fosters connections between parents and infants.
Chance to try again and break cycles
Supports the right to parent
Doulas deep commitment to the program
Lived experience improves effectiveness of support
Doula support is reciprocal
Work as healing for doulas and clients</td>
<td>DSSP fills Gaps in Care
Continuous care in the postpartum period.
Doulas always there
Fills gaps in family and social support
Problem solving together
Supports rest
Modelling parenting skills and self-care
Provides care that is increased in attunement and comprehensiveness.
Relational
Trained in perinatal care and support
Non-judgmental support
Comprehensive-education, validation, role modelling</td>
<td>Challenges and benefits of being nested within DCJ
Doulas hold supervisory and supportive roles
Larger systemic issues at play
Substance use, perinatal mental health, low social networks
Need for urgent support and long-term support
Safety concerns can result in abrupt end to service
Fit for purpose
Holding the space – the ‘shift’ to therapeutic support
DSSP embedded within systems (e.g. Government buy-in)</td>
</tr>
<tr><th colspan="3">Sustaining the practice</th></tr>
<tr>
<td colspan="3">Individual, organizational and systems-level factors contributing to DSSP resiliency and effectiveness
Communication and safety needs
Professional debriefing and peer support for doulas
Client information before entering a home
Capacity Needs
Additional doulas to meet needs for urgent support.
Travel as a barrier (cost and time).
Training needs
Nutrition
Infant feeding
Perinatal mental health</td>
</tr>
</table>

Future Directions	
Program expansion and funding opportunities ● Create Indigenous doula workforce ● Build awareness of doulas ● Among DCJ, stakeholders, and public ● Opportunity to come together/partnership (DS SP and DCJ) ● Increased communication and shared understanding	**Evaluation Recommendations** ● Outcomes over time (longitudinal) ● Impact of long-term support versus short-term support ● Client's perspectives and feedback ● Incentivize feedback ● Impact of parent role modelling ● Impact on child removal ● Cost effectiveness

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