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Child protection and parental substance use

ACWA Forum

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6 April 2018

Outline

- Research literature
- Prenatal reporting and infant removals
- Published data
- Impacts of parental substance use
- Policy questions

New ARC study 2017-20

PROJECT TITLE: Removals of infants by the child protection system: examining their nature, extent and impact to guide prevention and early intervention.

AIMS: To increase our knowledge about the nature, extent and impact of the removal of infants (< 1 year old) and newborns (<31 days old) from their mothers.

RESEARCHERS:

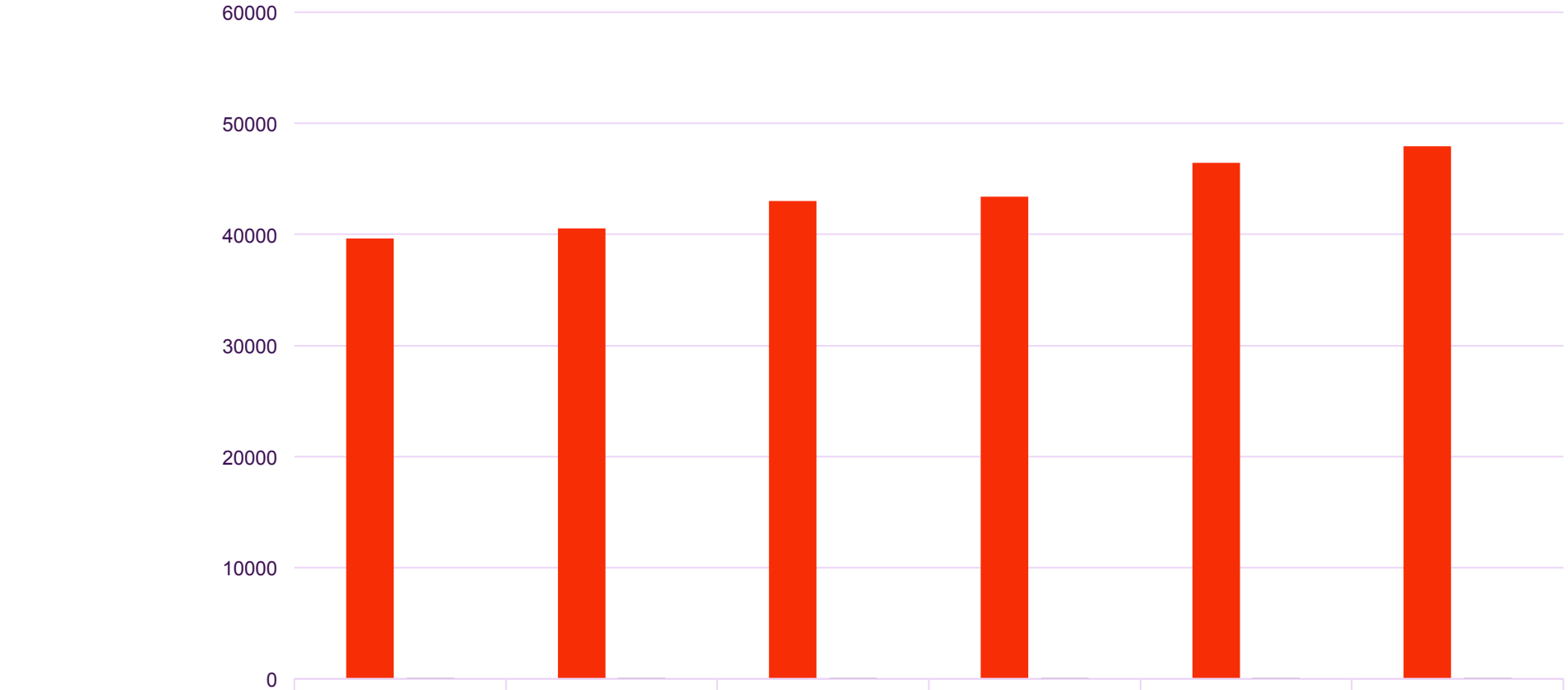
Assoc Prof Stephanie Taplin (NSW)

Dr Melissa O'Donnell & Prof Rhonda Marriott (Aboriginal health and wellbeing) (WA)

Prof Karen Broadhurst (UK); Dr Fred Wulczyn (USA)

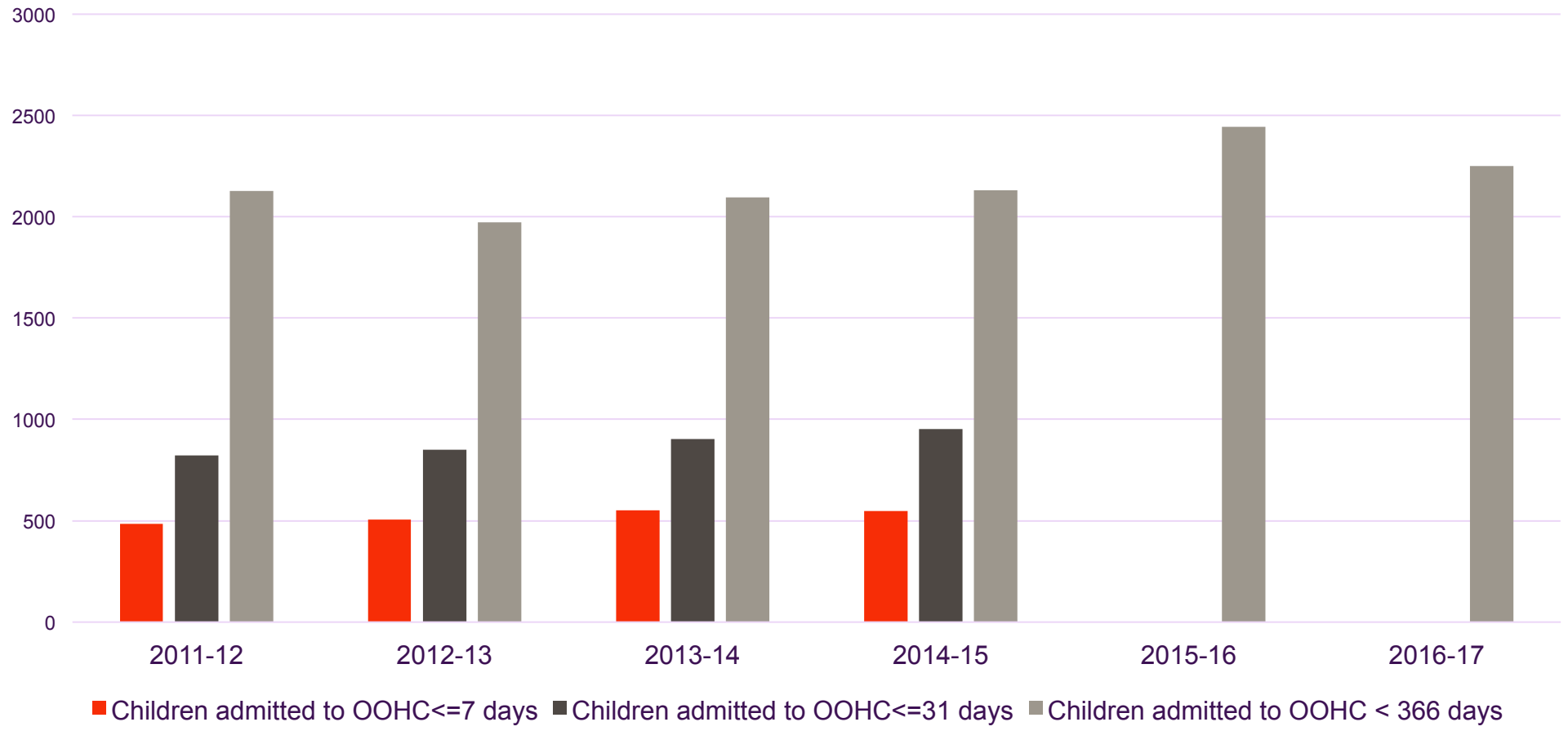
Trends in number of children in OOHC

(AIHW national data)



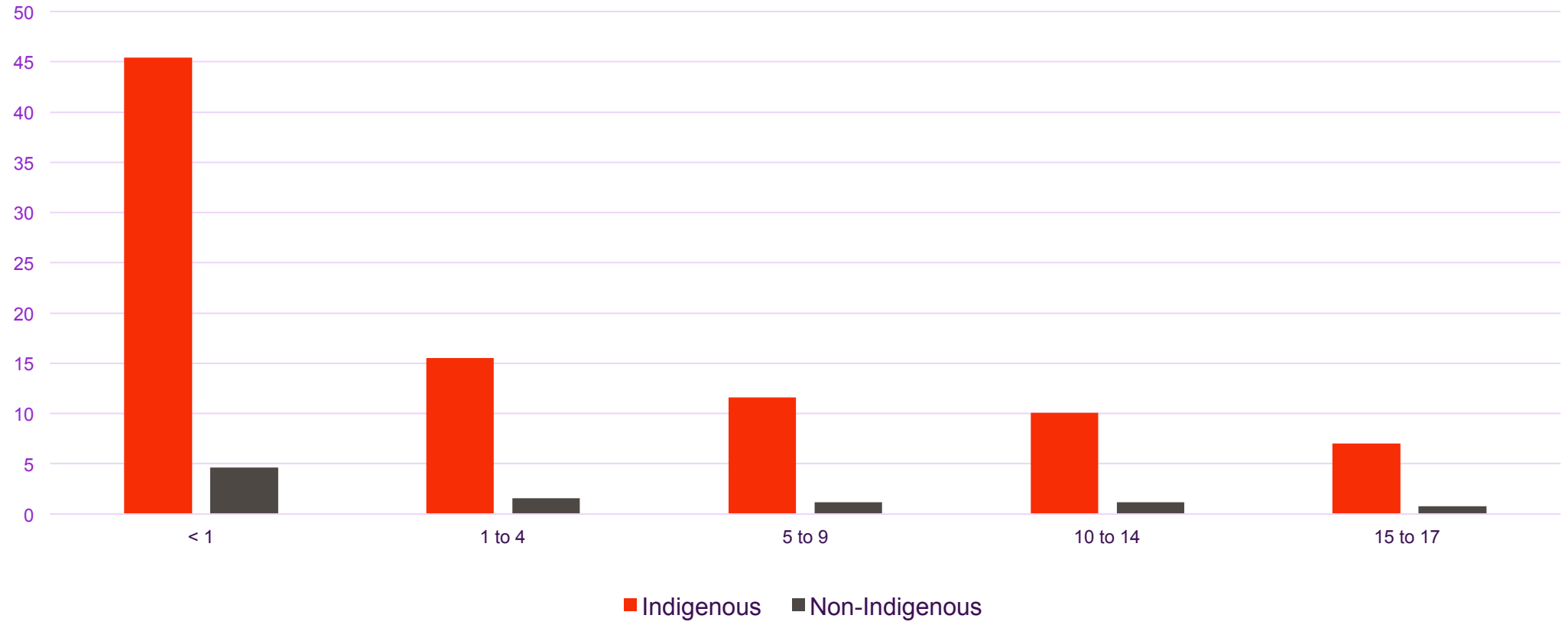
	2011-12: 7.7	2012-13	2013-14	2014-15	2015-16	2016-17
Children in OOHC	39621	40549	43009	43399	46448	47915
Rate per 1000	7.7	7.7	8.1	8.1	8.6	8.7

Number of infants admitted to OOHC
(AIHW national data)



Indigenous and non-Indigenous children admitted to OOHC: Number per 1,000

National data as at 30 June 2017 (AIHW 2018)

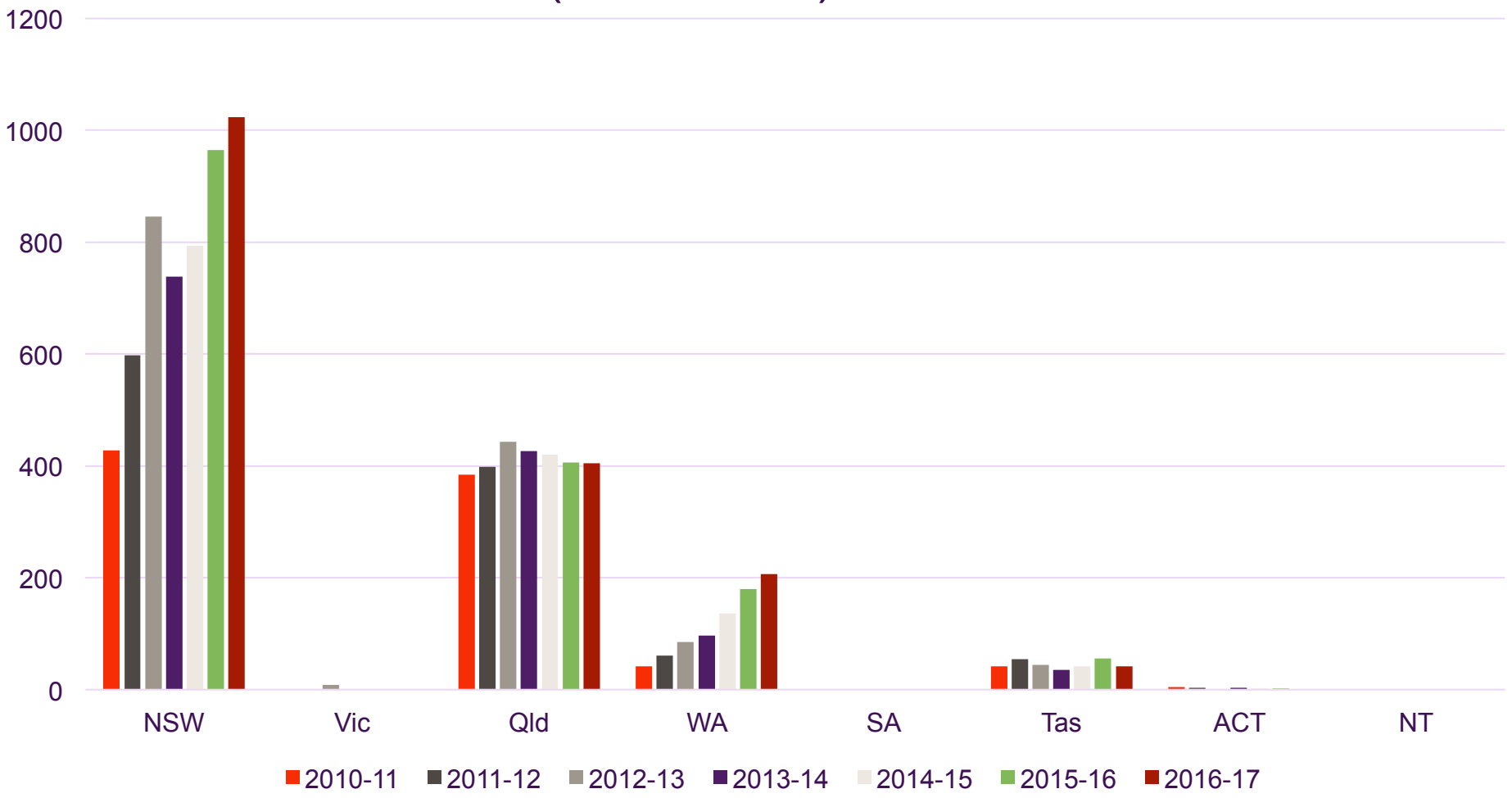


Prenatal reporting: overview

- Most Australian jurisdictions have reporting of ‘unborn child’ in their legislation
- Aim is to work with the pregnant woman to reduce risky behaviours that may impact on the foetus or newborn and either prevent the need for the baby to be taken into care and protection once born, or to identify early the need for removal.
- Interventions provided prenatally are voluntary and require the consent of the pregnant woman.

Prenatal reporting: trends by jurisdiction

(AIHW data)



Which pregnant women are reported to the child protection system?

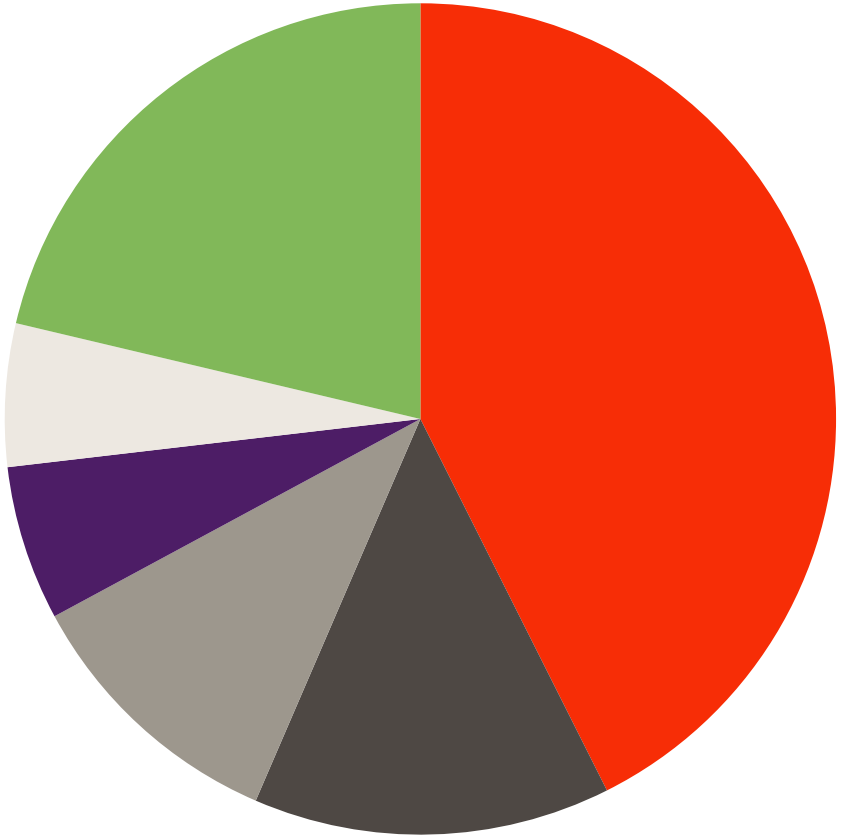
- Young and disadvantaged
- Age at first birth: 19.5 yrs (median)
- Greater numbers of children (2.3 on average)
- Aboriginal
- Women who have children removed previously
- 37% reported during first pregnancy

Taplin, S. (2017). Prenatal reporting to child protection: Characteristics and service responses in one Australian jurisdiction. *Child Abuse & Neglect, 65*, 68-76.

When are pregnant women reported to the child protection system?

Trimester first reported	Percentage %
Third trimester (within 3 mths of birth)	52.6
Second trimester	40.8
First trimester	6.6

Who reports ?


Hospital/health/medical
Departmental/child protection officer
NGO
Parent/family
Police
Other

Prenatal reports: reasons

Reason for all prenatal reports	No. reports	Percent %
Future risk concern	144	66.7
Family (domestic) violence	29	13.4
Abuse - neglect	12	5.6
Parent's mental health concern resulting in harm to child / young person	12	5.6
Parent's substance use concern resulting in harm to child / young person	10	4.6
Abuse – physical or emotional	6	2.8
Other	3	1.5
Total	216	100.0

Child protection responses to prenatal reporting

- Approximately two-thirds were provided with some prenatal support (median 133 days, including post-natal).
- 12% of the ‘babies’ reported were removed within 100 days of their birth.
- Women with more CP reports were more likely to get service support but also to have their baby removed within 100 days.

Impact of substance use in pregnancy

- Obstetric complications e.g. gestational diabetes, spontaneous abortion, pre-term birth etc
- Babies at risk from low birth weight, premature birth, neonatal abstinence syndrome etc
- Substances rarely used in alone; co-occurring risks
- No birth defect syndrome has been identified for illicit drugs
- Heavy alcohol use is identified as having long-term effects on foetus

Taplin, S., Richmond, G. & McArthur, M. (2015) *Identifying alcohol and other drug use during pregnancy: Outcomes for women, their partners and their children*. ANCD Research Paper 30. Canberra: Australian National Council on Drugs.
http://www.acu.edu.au/__data/assets/pdf_file/0004/755275/AOD_Use_During_Pregnancy.pdf

How many women use substances during pregnancy? Australian estimates

AIHW (2005)	2% women admitted to using illicit drugs (excl. cannabis) in previous 12 months
Burns, Mattick & Cooke (2006)	ICD-IOAM diagnoses: 0.47% opioids, 0.13% stimulants, 0.52% cannabis.
Abdel-Latif et al (2013)	1.4% total births affected by maternal drug dependency. Cannabis, then opiates (incl. methadone), amphetamines, polydrug use most common.
Uebel et al (2016)	A decline in the incidence of NAS (opioids) in NSW from 2001 to 2011.

Study	Sample	Infants removed at birth
Prindle et al., (2018) (USA)	7994 (1.45%) diagnosed prenatal substance-use of 551,232 births	29.9% (before 1 year)
Simmat-Durand et al. (2014) (Fr)	167 children of substance-using mothers	25 (15.0%)
Taplin & Mattick (2014) (Aus)	171 substance-using mothers with 302 children < 16 years	42 (13.9%)
Taylor et al. (2012) (Aus)	139 substance-using women in a perinatal drug health service	19 (13.7%)
Abdel-Latif et al. (2013) (Aus)	879 (1.4%) drug-using mothers identified from 62,682 births	66 (7.6%)

Impact of substance (AOD) use on parenting

- AOD use associated with high rates of child maltreatment, and involvement with child protection (i.e. reports, removals)
- Evidence of problems for children through the lifespan
- AOD-using mothers involved with CP have greater number of adversities
- Opioid use is more to be associated with neglect
- Heavy drinking and supervisory neglect and violence

Recent research findings

Broadhurst et al, 2015 (extent of recurrent care proceedings):

Studies suggest that for mothers who use substances and who have had a child removed from their care…….

'*a sizeable percentage of women reappear because their problems are repeated rather than resolved'*.

Canfield et al, 2017 (review of the evidence):

Factors associated with mothers who use substances losing care of their children included: maternal characteristics; psychological factors; patterns of substance use; formal and informal support.

Orsi et al, 2018 (data from NSCAW):

Found no significant differences in well-being levels between children with parents in the home using substances and those without. They recommend against automatic removal of children (6-12 years) due to parental substance use.

Conclusions

- Risks in pregnant women avoiding antenatal care, drug treatment and supports; stigma and fear of child protection
- Distress of removals may result in binges, further pregnancies and removals
- Not all substance-using parents abuse or neglect their children.
- Focus should be on breaking the cycle
- Importance of engaging women in support and treatment
- Consider family preservation
- Collaboration between health and CP is crucial

kContact: a trial of a supervised contact intervention for children in out-of-home care and their parents

Investigators: Assoc Prof Stephanie Taplin (ACU), Prof Morag McArthur (ACU) Prof Cathy Humphreys (Uni of Melb)

NSW Project Managers: Dr Aino Suomi, Dr Debbie Noble-Carr (ACU)

Funding: Australian Research Council, ACT CSD, NSW FaCS, NGO partners

kContact

Keeping contact between parents and children in care

kContact Study design

- Cluster RCT of an intervention to support contact between parents and kids in long-term OOHC
- Originally in two Australian jurisdictions: ACT and Victoria (ARC Linkage 2014-18)
- Additional 4 sites funded in NSW by FaCS (2017-18)
- Intervention currently being supported in 2 sites
- Follow-up interviews to start (parents, carers, workers)
- Data collection to conclude in August 2018
- Comparison sites to be offered training in intervention

References

AIHW (2016 etc) *Child Protection Reports.* www.aihw.gov.au

Broadhurst, K. et al (2015). Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England. *British Journal of Social Work*.

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