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Research article

Predictors of having a first child taken into care at birth: A population-based retrospective cohort study



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ABSTRACT

The objective of this study is to determine which maternal events and diagnoses in the two years before childbirth are associated with higher risk for having a first child taken into care at birth by child protection services. A population-based retrospective cohort of women whose first child was born in Manitoba, Canada between 2002 and 2012 and lived in the province at least two years before the birth of their first child ($n = 53,565$) was created using linkable administrative data. A logistic regression model determined the adjusted odds ratios (AOR) of having a child taken into care at birth. Characteristics having the strongest association with a woman's first child being taken into care at birth were mother being in care at the birth of her child (AOR = 11.10; 95% CI = 8.38–14.71), substance abuse (AOR = 8.94; 95% CI = 5.08–15.71), schizophrenia (AOR = 6.69; 95% CI = 3.89–11.52) developmental disability (AOR = 6.45; 95% CI = 2.69–14.29), and no prenatal care (AOR = 5.47; 95% CI = 3.56–8.41). Most characteristics of women deemed to be at high risk for having their child taken into care at birth are modifiable or could be mitigated with appropriate services.

1. Introduction

Mother-child separation can be a profound experience for both mothers and children, causing a great deal of trauma and grief. This separation can result from several different situations, including a child being placed into care by child protection services (CPS). CPS involvement generally occurs after documented neglect or maltreatment. However, not all mothers whose children are taken into care have demonstrated a history of neglect or maltreatment. Mothers deemed to be at high risk for being unable to care for their child may be separated from their children at birth. The number of children taken into care at birth is not well documented. However, we do know that in Manitoba, Canada, 15 percent of children in care were taken into care at birth (Brownell et al., 2015).

Previous studies examining risk factors for having a child taken into care have focused on cases where the child was placed in care due to abuse or neglect. This research found that mothers with developmental disabilities, mental illness, and substance dependencies have significantly higher rates of involvement with CPS (McConnell & Llewellyn, 2002a; Minnes, Singer, Humphrey-Wall, & Satayathum, 2008; O'Donnell et al., 2015). Where a mother lives contributes to her likelihood of involvement; higher rates are seen among mothers living in poor or urban neighborhoods and those moving frequently (Adam, 2004; Belanger & Stone, 2008; Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). Sociodemographic variables such as age, income, marital status, level of education, and employment status also predicted involvement with CPS (Becker & Barth, 2000; Fong, 2016; Putnam-

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Hornstein & Needell, 2014; Raissian, 2015; Zhou, Hallisey, & Freymann, 2006; Zuravin & DiBlasio, 1996). Mothers whose children had been placed in care were more likely to have been in care themselves and to have been involved with the criminal justice system (Becker & Barth, 2000; Phillips & Gleeson, 2007). Mothers who accessed low levels of prenatal care, and whose children were in worse health at birth were also more likely to be involved with CPS (Putnam-Hornstein & Needell, 2014; Zhou et al., 2006).

Less is known about the risk factors of child protection involvement in cases where abuse or neglect is not documented, such as when a child is placed in care at birth. Separation at birth disrupts bonding and can have serious consequences for both mothers and children, including increased aggression among children and increased mental health conditions and substance use in mothers (Howard, Martin, Berlin, & Brooks-Gunn, 2011; Kenny, Barrington, & Green, 2015; McKegney, 2003). A better understanding of factors that contribute to risk of separation at birth can identify women who may require additional supports during their pregnancy to be able to care for their newborn. This study uses linkable administrative data to identify events and diagnoses in the two years before childbirth to identify women at highest risk for having their first child taken into care at birth. Using previously identified risk factors for CPS involvement, we examine whether risk factors for such involvement due to abuse or neglect differ from those for involvement at the birth of a child.

2. Methods

2.1. Setting

Manitoba is in central Canada, and had approximately 1.2 million residents at the time of the 2011 census (Statistics Canada, 2014). While Manitoba is representative of Canada in many aspects, ranking in the middle for several health and education indicators, the rate of children placed in out-of-home care is among the highest in the country (Brownell et al., 2015; O'Grady, Deussing, Scerbina, Fung, & Muhe, 2016). With 3% of children in care, Manitoba has one of the highest rates of children in care in the world (Gilbert et al., 2012). Although Manitoba does have the highest rates of children in care among the provinces, several provinces and territories have similarly high rates; Canadian provinces with relatively low rates have higher rates than many other countries (Thoburn, 2007).

2.2. Data

This study used data from the Population Data Research Repository at the Manitoba Centre for Health Policy (MCHP), which contains province-wide, routinely collected information over time for each family and for each resident. The research registry was linked at the individual level with physician claims, hospitalizations, dispensed pharmaceuticals, criminal justice records, child protection cases, Employment and Income Assistance (EIA – analogous to welfare) cases, and the Canadian census to create rich longitudinal data detailing life events in the biological mother in the years before her first birth. A scrambled personal health number linked these de-identified datasets at the individual level. Information on linkage methods, confidentiality/privacy, and validity can be found elsewhere (Roos, Gupta, Soodeen, & Jebamani, 2005; Smith et al., 2017).

2.3. Cohort

Women included in this study were drawn from a cohort whose first child was born in Manitoba between January 1, 2002 and December 31, 2012 and lived in Manitoba at least two years before the birth of their oldest child. The study period was selected due to availability of data on criminal justice system involvement; these data were available from January 1, 2000 to December 31, 2012. January 1, 2002 was selected as the start date to ensure that two years of information on justice system involvement were available for all mothers. Fig. 1 diagrams the formation of the cohorts used to define those whose oldest child was taken into care at birth ($n = 483$) and those whose oldest child was not taken into care at birth ($n = 53,082$).

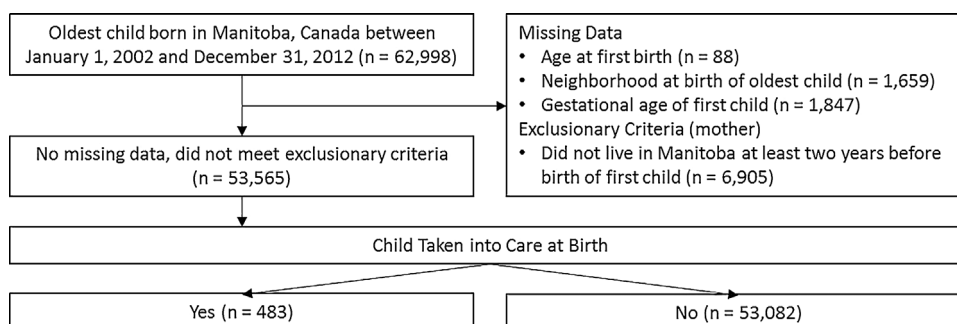


Fig. 1. Population Cohort Selection.

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