



Prenatal reporting to child protection: Characteristics and service responses in one Australian jurisdiction



Stephanie Taplin*

Institute of Child Protection Studies, Australian Catholic University, Australia

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ABSTRACT

Prenatal reporting to child protection services has been enacted into most jurisdictions across Australia and in other countries, its aims being to intervene early and provide supports which will either identify or prevent the need for a baby to be taken into care and protection once born. Despite indications that there are increasing numbers of prenatal reports, little is known about the characteristics of those reported, the timing and reasons for reports, service responses, and the impacts of being reported. This study is one of the first to use administrative data to examine the characteristics of two samples from one Australian jurisdiction: (i) data from casefiles of 38 cases reported in 2012–13, and (ii) administrative data from 117 cases reported prenatally in 2013. These data showed that women who were reported to child protection services in relation to their pregnancy were predominantly disadvantaged, and were likely to be reported relatively late in their pregnancy due to 'future risk concerns'. Approximately two-thirds of those reported were provided with some prenatal support, as recorded by the child protection system, generally of limited duration. Twelve percent of the babies born to the larger cohort of women were removed within 100 days of their birth. It is likely that longer term supportive interventions are needed, to reduce the risk factors evident in women reported during pregnancy, and to improve their ability to safely care for their children. Information on the short and long-term impacts from rigorous evaluations and longer-term intervention trials are also vital to ensure that prenatal reporting and interventions are, in fact, improving outcomes for infants and families.

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1. Introduction

High profile child protection system reviews and a recent emphasis on early intervention strategies have resulted in many reforms within child protection agencies across Australia, as in other countries such as the UK and USA (Lonne, Parton, Thomson, & Harries, 2008). In line with such policy reform, recent changes have been made to the legislation of many states and territories within Australia, which has meant that child protection departments can accept reports made to them during the prenatal period. The aim is to work with the pregnant woman to reduce risky behaviors that may impact on the foetus or newborn, such as substance use or family violence, and to either prevent the need for the baby to be taken into care and protection once born, or identify the need for removal.

* Corresponding author at: Institute of Child Protection Studies, Australian Catholic University, PO Box 256, Dickson, ACT, 2602 Australia.
E-mail address: stephanie.taplin@acu.edu.au

Limited information is available on the extent to which prenatal reporting is now used in Australia or, in fact, elsewhere. The Australian Institute of Health and Welfare's (AIHW) child protection publications show an increasing number of 'unborn children' in substantiations of notifications (or prenatal child protection reports) nationally: a substantiation indicates there is sufficient reason (after an investigation) to believe the child has been, is being or is likely to be, abused, neglected or otherwise harmed (AIHW, 2016). Between 2008–09 and 2014–15, the number of substantiated prenatal reports nationally has more than doubled, increasing from 559 to 1394, also reflecting an increased rate from 1.89 to 4.65 per 1000 births (ABS, 2015; AIHW, 2010, 2015). In 2014–15, 39.5% of substantiated prenatal reports were identified as Indigenous, and 57% of all reports originated from New South Wales (NSW). NSW also publishes the number of 'unborn' child concern reports (which are unsubstantiated), their most recent data showing that in 2012–13, there were reports made in relation to 3636 'unborn' children, an estimated incidence rate of 36.2 per 1000 births (ABS, 2015; FaCS, 2014).

Despite these incidence data showing an increasing use of prenatal reports, little is known about the impacts of introducing prenatal reporting on pregnant women, their infants and families. In fact, even identifying who is the case or client is problematic: child protection systems generally maintain records about a child, but in cases where there is as yet no child – an 'unborn child' as is the term used in much of the Australian legislation – information may be recorded about the mother (and at times the father) as they are the ones who are relevant to the 'unborn child's' risk.

No published information is available on at what point these 'unborn children' are being identified, the reasons they are reported, by whom they are reported, and what interventions are put in place. We are also limited in our ability to describe the characteristics of those who are reported. Furthermore, there are a number of broader issues about which we have little information: it is unknown whether identifying and reporting these pregnant women and their 'unborn children' makes a difference to the women, their infants and families. For example, does prenatal reporting lead to earlier interventions which improve outcomes for the infant and family? Does the prospect of reporting and the involvement of the child protection system deter pregnant women from presenting to antenatal services? Does reporting lead to better prevention and engagement practices, which prevent the need for the removal of the infant? Are infant removals increasing or decreasing as a result of this policy, particularly among certain groups? Do earlier removals improve outcomes for children in the current child protection environment?

The aim of this paper is to provide answers to some of these questions using data on the nature of prenatal reporting in the Australian Capital Territory (ACT), a jurisdiction with similar policies and practices to other Australian jurisdictions. In the ACT, the *Children and Young People Act 2008 (ACT)* Section 362 covers "Prenatal reporting – anticipated abuse and neglect". It provides for the reporting of "a child who may be born as a result of the pregnancy may be in need of care and protection". In the ACT, as in all Australian jurisdictions except for Tasmania, prenatal reporting is not mandatory. In response to a report, the Director-General may, with the consent of the pregnant woman, provide a voluntary assessment, support services, or referrals, and ask her to consent to the sharing of information. Without the woman's consent, the Director-General may provide information to the reporter about appropriate assistance, and if the Director-General suspects on reasonable grounds that the child once born may be in need of care and protection, they may share information. In 2012–13, a dedicated prenatal support team operated within the ACT child protection system, providing casework support to the pregnant woman and other relevant family members from any point in the pregnancy, with her consent, to a limited period after the birth of the baby. Case conferencing was also used to bring together relevant stakeholders, including the pregnant woman and her family, to coordinate service responses. The prenatal support team was responsible for making child protection assessments at the time of birth, and referrals to services or another child protection team as needed. Hospitals notify child protection services via their system of birth alerts, that a baby requiring further assessment has been born.

The ACT is a small and relatively advantaged jurisdiction with a population of 384,100 as at December 2014 (ABS, 2014). A total of 5545 babies were born during 2013 (ABS, 2015). In the ACT, between one and four substantiations of notifications of 'unborn children' have been reported over the last five years (2010–11 to 2014–15), a very small number (AIHW, 2012, 2013, 2014, 2015, 2016). ACT legislation does not allow for investigations to commence before the child's birth, thereby impacting on the number of substantiations (AIHW, 2016).

Information on the number and characteristics of prenatal reports or notifications has not been published previously. Using data from the ACT, this paper describes the nature and extent of prenatal child protection system involvement in families, in order to provide important insights into both its practice and impact. It explores the following questions: How many prenatal reports are made? What are the characteristics of the women reported prenatally? What are they reported for, when, and by whom? What are the child protection service responses to prenatal reports?

2. Methods

Ethics approval for this project was obtained from the Australian Catholic University's Human Research Ethics Committee (Approval number 2013/208N). This paper reports on the analysis of child protection data using two data sources from one Australian jurisdiction (the ACT):

2.1. Administrative data (2013 data)

Data were provided by the child protection agency from their administrative database on 236 cases reported to them at least once prenatally in the calendar year 2013. A subset of these cases were included in the major analyses, consisting

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