

# South Australian Early Intervention Research Directorate (EIRD) Case File Review Research

## Policy Brief #1

**Identifying early intervention and prevention pathways for child protection concerns raised in pregnancy: Preliminary Findings from Child Protection Departmental Case File Reviews**



Positive Futures Research Collaboration



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Child Protection

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# Introduction

By better understanding the concerns and identifying the risk and protective factors for child abuse and neglect that impact during pregnancy, early intervention and prevention pathways can be developed to improve outcomes for children and reduce family involvement with the child protection system. This policy brief summarises the preliminary findings from a case file review study utilising a sample of Unborn Child Concerns<sup>1</sup> in South Australia made in 2014. This project is a component of the work conducted by the External Expert Consortium<sup>2</sup> for the South Australian Early Intervention Research Directorate (EIRD). The study aimed to provide a better understanding of the concerns being raised to the Department of Child Protection about unborn children, to examine patterns of risk factors, to identify subsequent child protection involvement for these children, and to study patterns in the data to identify families who may benefit from early intervention and prevention efforts. Together with other projects being undertaken for the EIRD, the case file reviews will enable the development of timely, effective and targeted options for prevention and early intervention efforts. This policy brief outlines the aims, methods, initial findings and implications of the first case file review study.

## Acknowledgement of Country

We acknowledge and pay our respects to the traditional custodians of the lands of South Australia. We also acknowledge that their cultural and heritage beliefs are still as important today as in the past.

1. One avenue by which concerns about unborn children can be raised in South Australia, is via a report to the Child Abuse Report Line. These reports are known as Unborn Child Concerns, and they contain information about the background of the family, any prior child protection history for the unborn child's parents or siblings, details of the current concerns, and about the recommended child protection response.

2. The External Expert Consortium Professoriate includes Professor John Lynch, BetterStart Child Health and Development Research Group, University of Adelaide; Professor Fiona Arney and Professor Leah Bromfield, Australian Centre for Child Protection and Associate Professor Alwin Chong, Positive Futures Research Collaboration, University of South Australia; and Associate Professor Sally Brinkman, Telethon Kids Institute.



# Identifying early intervention and prevention pathways for child protection concerns raised in pregnancy

Finding appropriate support for vulnerable and high risk families antenatally and in infancy is critical for child development and wellbeing. Early intervention can reduce disorders that develop in pregnancy such as foetal alcohol spectrum disorder and can help break the intergenerational nature of abuse and neglect. If harm can be prevented early, the cognitive, social, emotional and physical impacts can also be prevented and can have a lasting lifetime effect on families.

The primary aims of this project are to:

- Determine the risk factors associated with child protection involvement in pregnancy;
- Assess the intergenerational nature of child protection involvement (e.g., parental involvement in child protection, out of home care) for this cohort of children;
- Better understand the system responses (e.g., health, housing, child protection, police, drug and alcohol etc) which are needed to address risk factors for unborn children and identify opportunities for prevention and earlier intervention.



## Our Methods

The research project has ethics approvals from the University of South Australia Human Research Ethics Committee and the South Australian Aboriginal Health Research Ethics Committee. Our approach is underpinned by an Aboriginal Research Engagement Strategy that includes key Aboriginal organisations and leaders who provide advice on the design of the study, analysis and interpretation of results.

Our cohort for this study was children who were the subject of an Unborn Child Concern report to the Department for Child Protection in 2014 (see Figure 1). We obtained child protection data for the 647 unborn children who met these criteria – this included details about the categories of notifiers of the unborn child reports, and subsequent child protection involvement for these children before age 2. A random sample of approximately 20% of the cohort ( $n=131^3$ ) was selected. From the text of the unborn child intake reports created by Child Protection workers at the time of the report, we extracted additional information about the unborn child's parents, siblings, including any child protection history and about reported risk factors such as intimate partner violence between the parents, parental alcohol and other drug misuse, parental mental health concerns, and housing instability.

The process for coding these extracted reports included redacting identifying information in the file, including details of Aboriginality, so that coders would not be biased in their coding of the reports. One hundred percent of the randomly selected files were coded by two coders, a primary coder who coded all reports, and a secondary coder. The coders used a tailored coding guide and a form developed specifically for this study. The reliability of coding was assessed by examining all of the codes and checking for agreement. Logic checks were then performed on the data as an additional test of the reliability of the coding.

We analysed data that was available for the entire population of 647 unborn children who were the subject of an unborn child report in 2014, as well as for the 131 unborn children and their families who comprised our random sample<sup>4</sup>. As part of this latter analysis, a key factor was to determine if there were patterns (typologies) that could be seen in the characteristics of the reports, or in the characteristics of the families in the reports. This policy brief presents findings in relation to analyses regarding the random sample of the 131 unborn children and their families and the typologies that were identified.

<sup>3</sup> 134 case files were initially selected, however two of these reports were coded in error as they did not relate to unborn children, and a third case related to a multiple birth already coded in the sample, and was removed to avoid duplication.

<sup>4</sup> In addition to the 131 unborn children who were the subject of the unborn child concerns, the reports identified at least 249 older siblings.

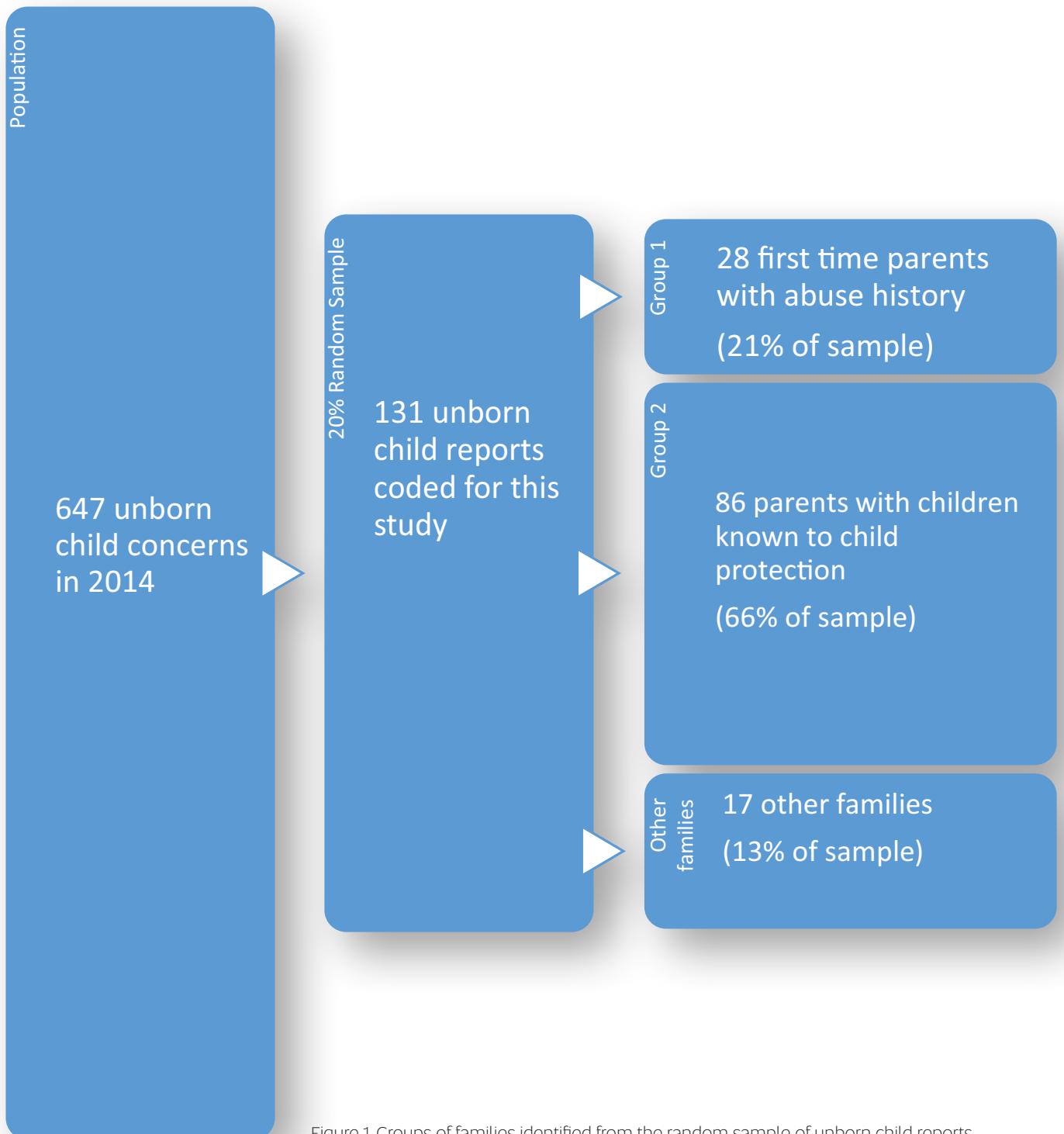


Figure 1. Groups of families identified from the random sample of unborn child reports

# Preliminary Findings

Our analysis identified that within our random sample of Unborn Child Concerns, there were two distinct groups of families (see Figure 1) that were the focus of intake reports. The two groups were:

- Group 1: First time parents who had their own histories of abuse or neglect as children (including being under the Guardianship of the Minister, reported to Child Protection and/or disclosed to the notifier). This group of families made up 21% of the sample.
- Group 2: Parents who had at least one child who was known to child protection (this included parents with children who had been the subject of single or multiple reports to child protection and/or parents who had previously had children removed from their care). This group of families made up 66% of the sample. One quarter of parents in this group also had their own histories of abuse or neglect as children recorded in the reports<sup>5</sup>.

Collectively these two groups of families make up almost 90% of parents of children in Unborn Child Concerns. This means as many as 90% of families in Unborn Child Concern reports may have had previous contact with the child protection system, either themselves as children and/or as parents of older children<sup>6</sup>.

In our sample of 131 Unborn Child Concern reports, just over half of the reports (57%) were made by health staff (predominantly midwives and social workers), 15% by police, 7% by non-government agency workers, 5% by Families SA staff and just over 8% by other government personnel. These patterns did not appear to differ between the two groups of families identified above, although a higher proportion of reports were made by police for families with children already known to child protection (15%) than were for first time parents with their own abuse history (7%).

<sup>5</sup> There were 26% of families identified as Aboriginal in the cases. The proportion of families identified as Aboriginal in the first time parents group was 25%, and was 28% in the group of parents with children known to Child Protection.

<sup>6</sup> Given that one reason for notifying child protection about concerns about unborn children can be because of current or previous child protection involvement for either the parent or the unborn child's siblings, we undertook further analysis to determine if this was a key factor in the reports that were made. For the total sample, 38% of notifiers referred to a parent's or sibling's child protection history in the notification - 21% for the first time parents group and 49% for the second group of parents with children known to child protection .



## Factors identified for children and families in unborn child concerns

We examined two key factors that were reported to child protection or identified in the child protection histories of families that could impact on the developing child and their caregiving environment: intimate partner violence and parental alcohol and other drug misuse.

High levels of reported intimate partner violence (70%) were recorded across the sample (see Figure 2)<sup>7</sup>. While there was reported intimate partner violence in just under 50% of the first time parent families in Group 1, the proportions for the group of families with children known to child protection (Group 2) was almost 80%.

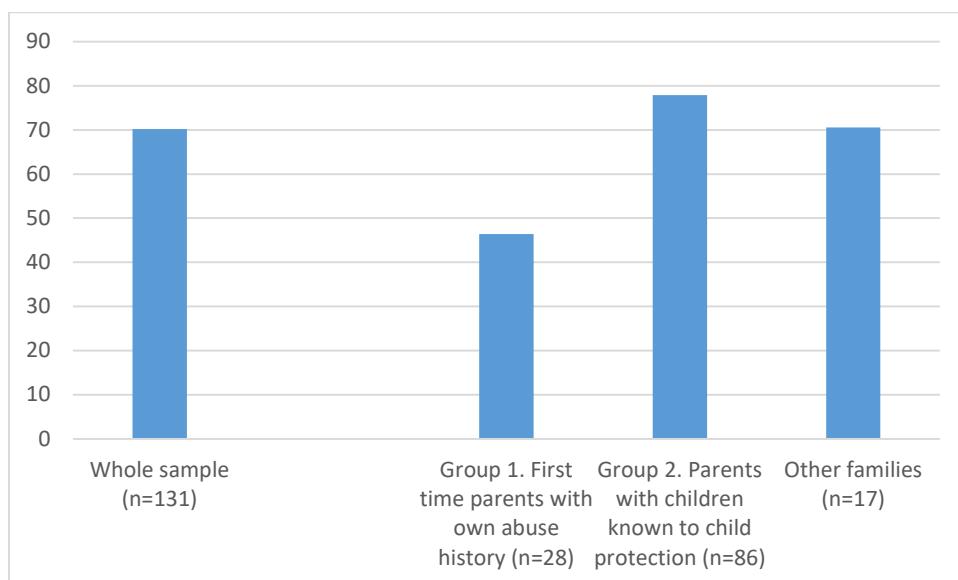


Figure 2. Percentage of families in which current or previous intimate partner violence was reported

The majority of reports included details of reported parental alcohol and other drug use (see Figure 3).<sup>8</sup>

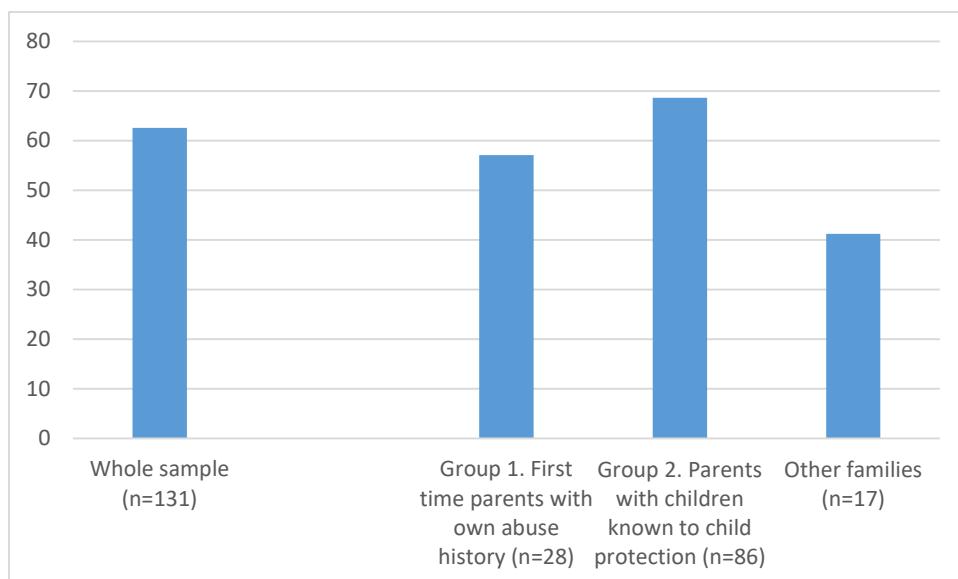


Figure 3. Percentage of families in which current or previous alcohol or other drug use was reported

<sup>7</sup> There was no significant difference between the proportion of Aboriginal families with reported intimate partner violence (77%) and the proportion of families who were not identified as Aboriginal with reported intimate violence (68%) ( $\text{Chi Square} = 0.86, \text{df}=1, p=.36$ ).

<sup>8</sup> There was a significant difference between the proportion of Aboriginal families who had reported alcohol or other drug use (79%) and the proportion of families who were not identified as Aboriginal who had reported alcohol or other drug use (57%) ( $\text{Chi Square} = 5.54, \text{df}=1, p=.02$ ).

## Subsequent child protection involvement following an unborn child concern

We examined the proportion of the 131 children in our sample who were the subject of subsequent reports to Child Protection once they were born and before the age of 2 years. A total of 444 further reports were made for this cohort of children. The number of subsequent reports per child ranged from 0 to 18 (median = 2.0, mean = 3.4, standard deviation = 3.6), with almost 80% of the sample subsequently reported to child protection before the age of two years<sup>9</sup> (see Figure 4). For the group of parents with older children already known to Child Protection, the proportion of these children who were subsequently notified before age 2 was 86%.

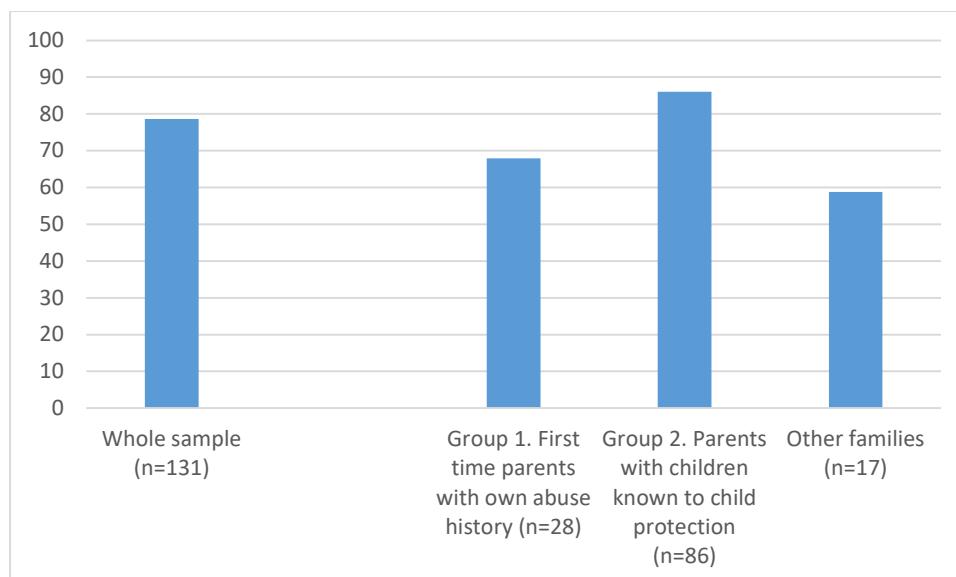


Figure 4. Percentage of children with a subsequent report before age 2

We also examined the proportion of the sample of 131 children who became the subject of a child protection order at any time before age 2 and spent time in out of home care. Just over one quarter (27.5%) of the total sample were subsequently the subject of a child protection order<sup>10</sup>, and similar proportions were seen in first time parents (29%) and parents with older children who were known to Child Protection (32%) (see Figure 5).

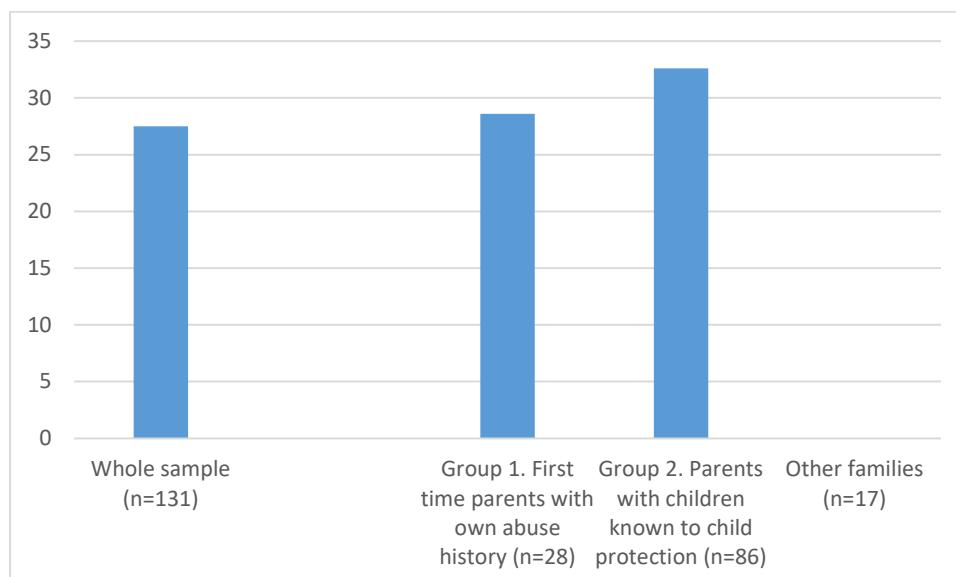


Figure 5. Percentage of children who became the subject of an order before age 2

<sup>9</sup> There was no significant difference between the proportion of Aboriginal families with a subsequent report to child protection before age 2 (82%) and the proportion of families who were not identified as Aboriginal with a subsequent report to child protection before age 2 (77%) (Chi Square = 0.38, df=1, p=.54).

<sup>10</sup> There was no significant difference between the proportion of Aboriginal families in which the child was subsequently removed before age 2 (25%) and the proportion of families who were not identified as Aboriginal and in which the child was subsequently removed before age 2 (35%) (Chi Square = 1.41, df=1, p=.24).

# Implications of the study

## The early intervention and prevention potential is high

This research has highlighted two clear target groups for child abuse prevention and early intervention efforts in pregnancy. The first target group includes first time parents who themselves have likely experienced poor nurturing and high risk environments as children. There is a strong opportunity to intervene with first time parents to prevent intergenerational cycles of abuse (Group 1). Supporting these mothers and fathers during pregnancy and infancy, can potentially prevent abuse and neglect of their children once born, and divert numerous children from the child protection system.

Our preliminary analysis also suggests that there may be a significant proportion of families who already have children known to child protection (Group 2) who once were first time parents with their own abuse history<sup>11</sup>.

## The potential economic benefits of intervening in pregnancy with the identified target groups are also high

There will be benefits in the short term in intervening early and well with vulnerable families identified in pregnancy. Our study indicated that 80% of the children who were the subject of an Unborn Child Concern were the subject of another report to child protection before the age of 2. On average, children were the subject of three additional reports. In our sample, more than 1 in 4 children who were the subject of an Unborn Child Concern were removed from their parents' care before age 2. Extrapolated to the entire cohort of children who were the subject of an Unborn Child Concern in 2014, intervening with this cohort before or during pregnancy could have prevented as many as 2,220 reports to child protection and 180 children entering out of home care before they were two years of age. The downstream benefits of the prevention of abuse and neglect for these unborn children will be even greater.

## The need for services to be designed for the target groups

One of the key activities of the EIRD is to examine service and system alignment to the needs of particular target groups, to make sure early intervention and prevention efforts are timely and effective. The families identified in this study, clearly have a need for services that are suited to working with people who have experienced abuse and neglect, families who may have had their children removed, or who may have been removed themselves as children, and services and supports that are equipped to work with families experiencing high levels of intimate partner violence, and significant substance misuse problems. Traditional assessment and referral approaches will be unlikely to work for many families in these circumstances, and there is a key opportunity to identify and trial models that are suited to families in these circumstances.

<sup>11</sup> Patterns related to re-partnering, intimate partner violence, and age at birth of first child are indicating that this is likely. Also, one quarter of the families in Group 2 at the time of their first pregnancy would have been identified as first time parents with their own abuse history. This is likely to be an underestimate for older parents or parents with extensive child protection histories for their own children, due to different recording practices.

To support greater service alignment with the needs and preferences of clients in this cohort, we will conduct further analysis of the case file data including examining subgroups within our two predominant groups of families with Unborn Child Concerns:

- Group 1a: Teenage first time parents with their own abuse history
- Group 1b: First time parents, 20 years and older with an abuse history
- Group 2a: Parents with other children known to child protection, but the children are still residing with the parents
- Group 2b: Parents who have had previous children removed from their care

We will also conduct more detailed analysis of the risk factors for these families to inform early intervention and prevention service development.



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