

Impact of Community Child Health Engagement: Child Protection Outcomes for Children of Substance Using Mothers

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Child Advocacy Service

- Community Child Health Service (RCH & HSD)
- Consultation and Liaison
- Direct clinical service provision
- Partnerships
- Research

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Reasons for the study?

- Child abuse and neglect is a serious concern in our community: Nationally, substantiated child protection notifications increased by 45% from 40,416 in 2002–03 to 58,563 in 2006–07 (AIHW 2008).
- International research reveals that children of substance using mothers are at significantly increased risk of child maltreatment (Jaudes et al., 1995).
- Substance use trends in the Australian population indicate a need for review of the risk for Australian children.

Biological Risk Factors

- Premature & low birth weight
- High rates of admissions to NICU for NAS
- Growth deficits & developmental delay
- Cognitive impairment
- Sleep difficulties & irritability

Psychological Risk Factors

- Difficult temperament = harder to parent
- Reflective functioning capacity of mother
- Attachment difficulties
- Elevated maternal stress
- Higher rates of mental illness

Social Risk Factors

- Higher rates of DV
- Lower income and higher rates of criminal activity
- Greater frequency of residential moves
- Significantly less contact with fathers
- Increased physical punishment

Australian Research

- Child Advocacy Service is the first Australian research to quantify the child protection risk for children of substance using mothers and to explore the impact of child health service engagement.
- Child Protection Outcomes for Infants of Substance Abusing Mothers: A Matched Cohort Study (McGlade, Ware and Crawford, 2007).
- 119 study infants and 238 controls.
- Quantified the risk for infants of SU mothers: 12 x more likely to be the subject of substantiated harm.

Aims of the Study

- The study aimed to address a current gap in research by investigating the relationships between maternal substance use, engagement with Child Health Services and child protection outcomes.

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Why Investigate Child Health Engagement?

- Child health services
 - Universal in availability
 - All mothers of study infants - referred to child health services
- Child health services provide potential screening for at risk mothers
- Early identification and intervention provides a unique opportunity with significant cost benefits

Research Questions

- Are children of substance using mothers engaging with Child Health Services?
- Are children of substance using mothers who engage with Child Health Services more likely to be reported to child protection services than children who are not engaged?
- What is the relationship between type of substance use and propensity to engage in child health services?
- What is the relationship between substance type, service utilisation and child abuse outcomes?

The Study

Population

Infants of self identified substance using mothers:
maternity admissions to the Royal Brisbane
Women's Hospital (2000 – 2003)
(N=119 children of substance abusing mothers)

Gained access to data: 2 year follow-up

- Child health data
- Child protection data

Key Variables

- Type of maternal substance use
- Child health engagement
- Child protection outcome

Demographics

- 119 infants of substance using mothers (55 males)
- 53 (45%) methadone only
- 38 (32%) amphetamines only
- 19 (16%) heroin and other opiates
- 9 (8%) opiates and amphetamines
- Statistical analysis: Methadone only Vs Illicit substance use

Results

- 28% of study group children were not engaged with child health services at any point during the first 2 years of life.
- Of the children who were the subject of a substantiated child protection notification 64% were not engaged with child health services following the notification.
- Child health engagement was not found to be significantly related to child protection reports
(Pearsons χ^2 (1, N = 119) = .76, NS).

Results

- Children of illicit substance using mothers were as likely to be engaged with child health services as children of methadone using mothers

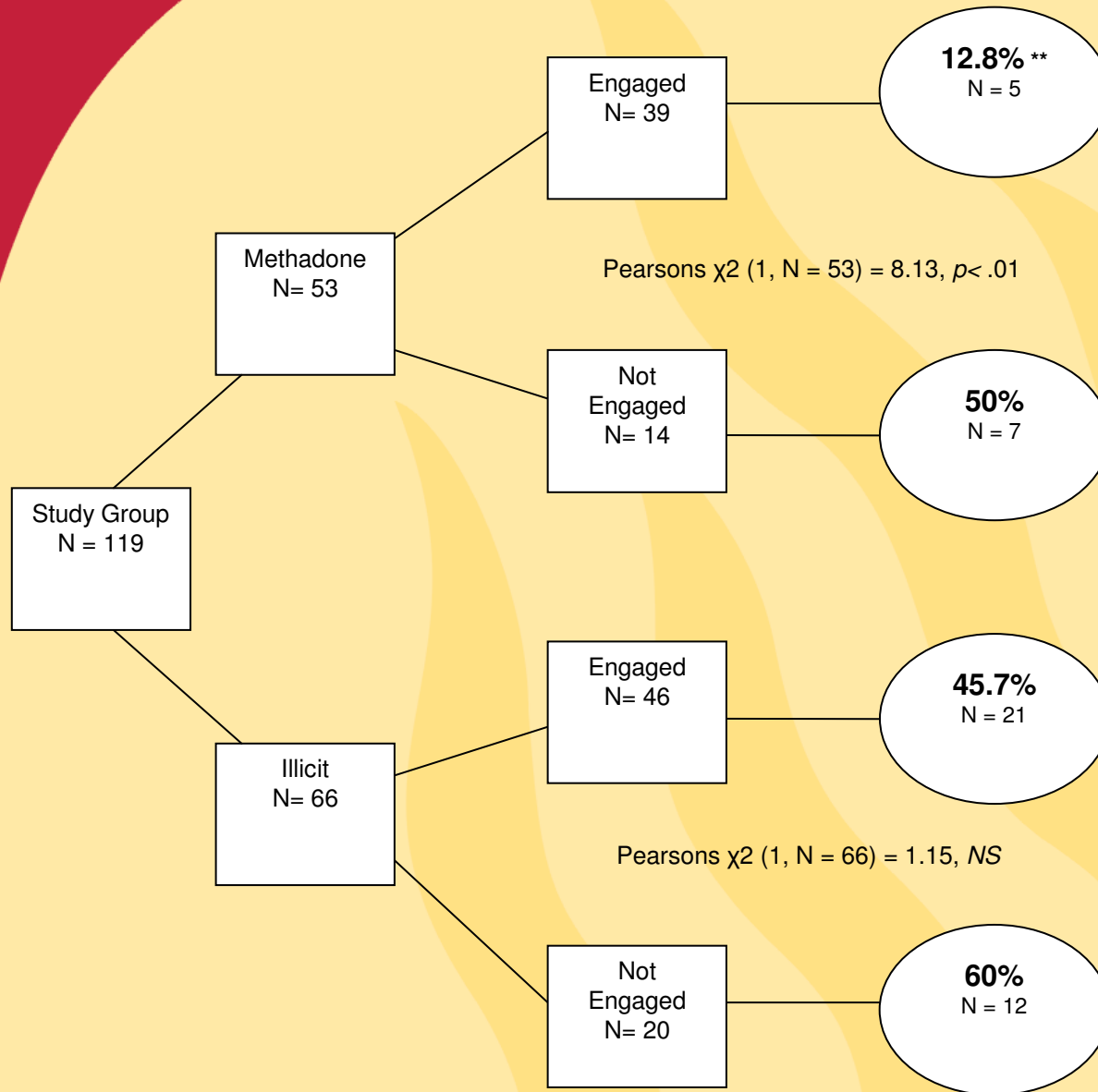
(Pearsons χ^2 (1, N = 119) = .22, *NS*).

- Child health engagement was associated with significantly less substantiated emotional harm or risk of emotional harm

(Pearsons χ^2 (1, N = 119) = 12.20, $p < .05$).

Substantiated Child Protection Notification

Child health engagement was associated with better child protection outcomes for children of methadone using mothers but no significant relationship was identified for children of illicit substance using mothers.



Summary & Implications

- A considerable number of children of substance using mothers were found to never engage with child health services despite all mothers being referred.
- Need for increased attention to the provision of child health services for children of methadone using mothers and provides optimism for the effectiveness of as little as one engagement with child health services.

Summary & Implications

- Further investigation in the service provisions for children of illicit substance using mothers and their children.
- A collaborative approach by drug and alcohol services, child health professionals, community agencies and child protection services is required to reduce harm to children of substance using mothers

Final Comments

- Underestimates of the true prevalence of the issue.
- Serious and long term detrimental impact to children and society.
- Early identification = need for early intervention.
- Cost benefits of early intervention.
- Highly significant and emergent public health issue indicating a need for review of policy and practice.

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