Queensland Child Protection Commission of Inquiry

Children by Choice Submission

September 2012

About Children by Choice

Children by Choice provides counselling, information and education services on all options with an unplanned pregnancy, including abortion, adoption and parenting. We provide a Queensland-wide counselling, information and referral service to women experiencing unplanned pregnancy, deliver sexual and reproductive health education sessions in schools, and offer training for GPs and other health and community professionals on unplanned pregnancy options. We also advocate for improvements to law and policy that would increase women's access to reproductive health services.

Children by Choice supports women's access to all options with an unplanned pregnancy, including abortion, and have been involved in helping women access these options since the service began operation in 1972. Children by Choice is the only stand-alone pro-choice women's service dedicated to unplanned pregnancy in Australia. We are recognised nationally and internationally as a key advocacy group for the needs and rights of women in relation to access to reproductive health services with regard to unplanned pregnancy.

In 2011-12 we received a total of 2584 client contacts, ranging in age from under 14 to over 50.

About this submission

This submission will examine issues relating to Section C of the Commission of Inquiry Terms of Reference, as follows:

c) reviewing the effectiveness of Queensland's current child protection system in the following areas:

i. Whether the current use of available resources across the child protection system in adequate and whether resources could be used more efficiently;
ii. The current Queensland government response to children and families in the child protection system including the appropriateness of the level of, and support for, frontline staffing;
iii. Tertiary child protection interventions, case management, service standards, decision making frameworks and child protection court and tribunal processes; and
iv. The transition of children through, and exiting the child protection system.

Children by Choice also endorses the two submissions to this Inquiry from Family Planning Queensland, and all the recommendations contained therein.

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Women with children in care: facilitating reunification

Children by Choice speaks to a significant number of women each year with existing children already in the care of the Department. Women in these situations experiencing a subsequent pregnancy often express a fear that if they continue the pregnancy, the baby will be removed at birth.

> *"You do not want to watch as another child is ripped away from you by DoCS, to feel their suffering and to feel your suffering. This is why an abortion was the best thing for me."*
> – Children by Choice client, Brisbane: September 2012.

> *"I just don't want to have another baby to give to the Department."*
> – Children by Choice client, Brisbane: March 2012.

A further pregnancy can pose additional barriers to reunification. This is particularly the case with Children by Choice clients where family violence in the home against the mother and children was the reason for the child's removal. The links between domestic violence and reproductive coercion are well established[1]. In resourcing the child protection system to respond effectively to the impact of domestic violence on children's safety, it is crucial for the Department to be able to support women to re-establish reproductive control. Another pregnancy and birth creates further ties with a violent ex-partner as well as placing additional financial and emotional pressures on women struggling to rebuild their lives.

Women with children in care in the child protection system are often very economically and socially marginalised and therefore at higher risk of unintended and unwanted pregnancy[2]. However in Queensland, contraceptive services are not free and pregnancy termination is not generally available in the public hospital system. This can create significant barriers to women with existing children in care who want to prevent the birth of another child.

> *Kara was on the Gold Coast and had just found out she was 8 weeks pregnant when she called Children by Choice. She was 31 and had four children in care, who'd been removed due to drug and alcohol problems. She had left her partner and entered a rehabilitation program when she discovered her pregnancy. Worried about the effect of the drugs on her fetus and on her ability to cope with another pregnancy and birth while going through withdrawal, she wanted to terminate the pregnancy, but had no financial resources to support this. Children by Choice were able to support her with $100, but she still required a further $330 to access a procedure at her closest clinic. Several other services were approached for help, but none could assist. With Kara's permission, Children by Choice contacted her local MP to ask for assistance, who said that Child Safety should be able to assist her financially. When informed about the Department's previous reluctance to assist women in this situation, and the high likelihood of their response being simply to remove the baby from Kara's care after birth, the MP also suggested contacting Child Safety in NSW, where one of Kara's children was in care. Neither Department was prepared to assist her.*

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[1] See for example *The Facts on Reproductive Health and Partner Abuse*, by Futures Without Violence, San Francisco USA. Available online at http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Reproductive.pdf.

[2] LB Finer & MR Zolna (2006) 'Unintended Pregnancy in the United States: incidence and disparities', *Contraception*, November 2011, 84(5), 478-485.

In Kara's case, providing $330 in order to help her access a pregnancy termination could have avoided a considerable expenditure by the Department on providing care for her existing children.

Assisting women with existing children in care to control their fertility – in terms of access to both contraceptive and abortion services – should form an important part of case management plans aimed at facilitating reunification. Long acting reversible contraceptive is extremely affordable over the span of its use but requires a relatively high one-off cost outlay for the woman; abortion services are not widely available and cost upwards of $400. Providing this small amount of financial assistance to women where they express a need for help controlling their fertility would be a more efficient use of resources than extending periods of care for children whose parents are unsupported to look after them.

Recommendation: Extend better support to parents who have had children removed to enable, where appropriate, earlier reunification and shorter periods in out of home care. This support should include discretionary funding that may be used to support parents to improve their capacity and situation to enable them to care for their children. For women, this includes controlling their fertility to prevent further pregnancies and births.

Young women in care: sexual and reproductive health

Young people in care are more likely to experience poor sexual and reproductive health than the general population. As a group, they are:

- More likely to experience earlier onset of sexual activity;
- Less likely to engage in safe sex practices or use contraception consistently;
- More likely to have a sexually transmitted infection (STI); and
- More likely to experience teen pregnancy and have children at a younger age[3].

Evidence-based and age-appropriate sexuality education can delay the onset of sexual activity and increases contraceptive use amongst young people[4]. However, children and young people in care are less likely to access school-based sexuality education than their peers[1]. Given the disruptive nature of some young people's education due to multiple or unstable placements, this is not an issue that can be fixed via mandatory sexuality curriculum only delivered in school settings.

> *"I went through a lot of placements while I was in care – Residential, Kinship and Foster, and the foster ones weren't - none of them, I think, were more than a few months… Altogether, it would have been up to about 15. Um, it's a bit confusing to count, because I went to some of the placements more than one time."* – Kimberley [5]

[3] H Brennan (2008) *Settings and Solutions: Supporting access to sexuality and relationships information for children in care*. Family Planning Queensland, Brisbane. Available online through the Department of Communities website: http://www.communities.qld.gov.au/resources/childsafety/about-us/research/documents/settings-solutions.pdf.
[4] (2009) Comprehensive Sex Education: Research and Results. Advocates for Youth, Washington USA. Available online at http://advocatesforyouth.org/storage/advfy/documents/fscse.pdf.
[5] J Brockie (host) (6 March 2012) "Removing Kids" on Insight. SBS Television, Sydney. Video and transcript available online at http://www.sbs.com.au/insight/episode/overview/455/Removing-Kids.

As well as impacting on education, this type of disruption can isolate young people and make it difficult for them to form bonds with adults or workers they trust. Young people in these circumstances may not have anyone they feel comfortable with or trust to talk to about sexual health, further reducing their access to information.

> "*I didn't know I could ask them about sex .They [carers] talked about their family and stuff but never about contraception, or saying yes, or saying no."* – Angel [6]

> *"I just felt unsafe the whole time. I don't ever remember feeling safe or secure or happy or cared for or wanted or normal."* – Kimberley [3]

These poor health outcomes have both human and financial costs which could be avoided if child protection resources were better allocated to provide sexual health education and information to young people in care. Continuity of care with the same care givers and support people is also important factor in optimising young peoples capacity to protect their sexual and reproductive healht. Enabling children to stay in one care setting for longer and develop positive trusting relationships with primary caregivers, combined with good support, appropriate and accurate information giving from health and allied care professionals, will enhance these young people's health and wellbeing.

Recommendation: better allocation of resources within the child protection system to support carers and workers to discuss sexual and reproductive health with children and young people in care.

Young women in care: pregnancy and parenting

Young women who are already in care or who have a care experience are more likely to experience teenage pregnancy or become a young parent than their peers[1]. This is partly due to lack of access to contraceptives and sexual health information or education, but anecdotally due to positive views of parenting held by young women in care – the idea of 'having someone to love me unconditionally'.

Family Planning Queensland:

> *Young women in care were reported to be twice as likely to be pregnant than young women not in care (Mayden, 1995). In Polit et al (1989) 37% of the young women had experienced a pregnancy whilst in care and Cook (1994) reports that 60% had given birth to at least one child compared to 24% of the general population. Australian studies also indicate that young women who had been in care have a higher percentage of earlier pregnancy and parenting. In the Cashmore and Paxman study (1996) nearly a third of the young women were pregnant or had a child within 12 months of leaving care (p. 76)* [1].

[6] G Livingstone & H Brennan (2010) *Innovation and Sexuality Education: activities and resources for supporting children and young people in care.* Paper presented to the Australian Foster and Kinship Carers Partnership National Conference August 2010, Hobart. Available online at http://afkcp.org.au/files/afkcp_national_conference_2010/afkcp_national_conference_2010_georgina_livingstone_holly_brennan.pdf.

In regards to teenage pregnancy, poor outcomes in terms of education, income and health are all more likely for both mother and child when compared to women in older age brackets. It is reasonable to assume that these outcomes may be exacerbated for young women in care and their children, given high levels of social isolation which may occur and fewer support resources to draw upon.

Frequently the babies born to young women in care are taken into care themselves, sometimes separately to the young woman herself due to lack of appropriate or available care options. Children by Choice was recently informed of the case of Maria (not her real name):

> *Maria is 14 and lives in a residential care facility in a regional Queensland town, with three other young people. She became pregnant when living in this facility, at the age of 13, and gave birth to a daughter in mid 2012. The Department of Child Safety assessed that the residential facility was not safe enough for a baby, so issued an order to remove the child and place her with foster carers. Maria remains in the residential and sometimes gets daytime visits with her daughter; despite strongly expressing her wish that they remain in placement together, the Department was unable to find a placement that would take both Maria and her baby.*
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> *"I know families, like, young people who have had babies themselves, but they were in care. There's a cycle where their kids are ending up in care. So talking about kids who have been in care, but what about their kids? They are in care too. It's just a continuous cycle. Where are we gonna stop?"* – Jessica [3]
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> *"I think a lot of families go into it [the care system, because] pregnancies are accidental, they are lumped with these kids and they are still kids themselves."* – Luke [3]

Recommendation: Reducing the rate of unplanned pregnancy in young women in care by supporting better access to sexual health information and services. This includes support for resourcing of professional community organisations which can provide this information and service for young people and their carers, eg Family Planning Queensland.

Recommendation: Increasing the resources dedicated to placements which are supportive of young parents, to allow young women and their babies to remain together.

Young women at risk: pregnancy and termination in girls aged under 14

In Queensland, provision of pregnancy termination in public hospitals is very limited and the vast majority of pregnancy terminations are performed in a small number of private health facilities, that are required to be licensed by Queensland Health and subject to the Clinical Services Capability Framework (CSCF) Version 3.0, enacted in October 2011. Children by Choice has concerns about

impact of the new terms of this licensing and the limitations it places on young women's access to pregnancy termination services in Queensland, in particular girls aged under 14.

Pregnancy termination services for girls aged under 14 (U14s) are extremely limited as the CSCF v3.0 now requires private health facilities performing surgical and medical procedures on U14s to hold a paediatric licence. Of the eight licensed private health facilities in Queensland who provide pregnancy termination services on a regular basis, only Cairns Day Surgery is licensed to perform procedures for U14s. It is necessary for there to be clear information and referral pathways available in public hospitals to enable young women from other parts of the state to access services with minimal delay and barriers, and preferably in their local district. It is our understanding that these pathways do not currently exist.

While the number ofU14s seeking pregnancy termination is low, they are a very vulnerable population group and may be at high risk of serious harm due to the pregnancy and other factors in their life, such as family estrangement, homelessness, sexual violence and drug and alcohol abuse. Pregnancy and childbirth hold inherent risks for girls this age, and in most cases the sex that led to the pregnancy cannot be said to have been healthy or truly consensual. Due to these reasons, the Department of Child Safety is often already involved in cases which Children by Choice is made aware of. However, the Department has proved unable or unwilling to assist girls U14 who want to access a pregnancy termination, either in Queensland or interstate.

Searches for pregnancy termination (abortion) services using QFinder provide contact information about the eight private health facilities who are licensed for pregnancy termination as well as some counselling and sexual health providers. It does not provide information details about Cairns Day Surgery and there is no information regarding services for U14s. There is also no information about pathways of referral for pregnancy termination services in the Queensland public hospital system. We understand that 13HEALTH nurses rely on QFinder for information provision to callers. In addition, Medicare Local services have not been able to provide us with referral pathways for U14 and services in the Queensland public hospital system. We remain concerned that if a girl under 14 years of age and/or her family contact us seeking pregnancy termination the only points of referral are Cairns Day Surgery or interstate services. This is a significant gap in health service provision for vulnerable Queenslanders.

Recommendation: More thorough and regularly updated information on QFinder, to ease the navigation of complicated referral pathways for young women.

Recommendation: The adoption of a Memorandum of Understanding between Queensland Health and the Department of Child Safety, ensuring referral pathways are open for girls under 14 in the care of Child Safety to access termination of pregnancy.