



Webinar: Perspectives on children's contact with their parents

University of Melbourne
Australian Catholic University

21 July 2016

Today's Agenda

- Background
- The Practice Enhancement Intervention
- Preliminary Findings
- Study Outputs to date
- Mapping Exercise update
- Discussion

Housekeeping

- Mute your microphone (icon at bottom left hand corner of the screen)
- If you are on the phone, mute it.
- Do not click on the “share function” at the bottom of the screen
- Questions / Comments:
Click on Q&A box at the bottom of the screen to type questions or comments. These will be addressed if possible at the end of the webinar.

Poll 1

Who is listening to the Webinar today?

Are you:

- Watching as a group
- A front line worker
- A Team leader
- A manager
- A CEO
- Other

kContact: the story behind the study

- Agreement at Sector Research Partnership meeting that child contact for children in OHC was a significant issue for research
- Agreement to fund a linkage grant from 7 organisations under the umbrella of the Centre.
- Agreement to make a positive difference to practice
- 6 months to agree and develop a sustainable and positive intervention

kContact: Why we are doing this study?

- Lack of research assessing the outcomes and impacts of different models of contact in child protection
- The research evidence is insufficiently strong or developed to allow confident prescriptions about contact

(Quinton et al., 1997; Triseliotis, 2010; Taplin & Mattick, 2014)

Research Study Design

Dates	Activity
2014	Literature Review & Consultations
April-Oct 2015	Baseline interviews – intervention and comparison sites
October 2015 – April 2016	Intervention – intervention sites Business as usual – comparison sites
Feb – Aug 2016	Follow up interviews – intervention and comparison sites

Poll 2

Are you from an Intervention or a Comparison site?

- Yes
- No
- Both
- Neither
- Don't know

Purpose of contact

- To maintain and enhance the relationship between children in care and their parents
- Supervised contact aims to ensure child safety and assess relationships.
- Maintain and repair parent child attachment
- Assist with the development of personal identity and cultural connections.

Literature Findings

- Many children report ‘knowing’ their parents is of fundamental importance’ (Morrison et al., 2011)
- ‘Good’ contact can have a number of benefits:
 - improved relationships with their families
 - enhancement of children's emotional, behavioural and intellectual development, and
 - providing children with a greater sense of their own origins and identity
- Parents who are supported in maintaining contact are better able to deal with feelings of distress, loss or anger
- ‘Good Contact’ is assisted by:
 - good relationships between carer and parent.
 - trust and rapport between parents and the contact supervisor

The rationale for the kContact intervention

- All individuals involved in contact - parents, children and carers - require support
- Parental support involves good communication and transparency between parents and the case workers
- Effective support for parents includes an understanding of mothers and fathers as individuals with particular needs
- Professional support can help build positive relationships between parents and their children
- Building parenting capacity through joint or structured activities was considered by parents as supportive and helpful, and increased their incentive to attend contact visits

Studies informing kContact

- Need for high quality, well-resourced supervised contact visit programs as an important intervention strategy for parents and children was identified
- Visit coaching (Beyer 2008.)
- Strengths based assessments to inform visit planning and goal setting with parents (Smith et al 2014.)

The practice enhancement intervention

The intervention aimed to:

1. Increase children's emotional safety and reduce their distress related to contact visits
2. Improve relationships between children and their parents
3. Improve the ability of parents to support children in the context of contact visits
4. Reduce the proportion of contact visits cancelled

5 stages of the intervention

Stage 1 Orientation

- 1-2 weeks before contact visit

Stage 2 Preparation

- 1-3 days before contact visit

Stage 3 Contact visit (not part of the kContact intervention)

Stage 4 Follow-up

- 1-2 days after contact visit

Stage 5 Review

- Quarterly or after 2-3 visits

Poll 3

For those people who took part in the intervention:

Which comment best describes your experience of the intervention?

1. A helpful enhancement of contact
2. Improved child-parent relationship
3. Improved parent-worker relationship
4. No change
5. Impossible to implement
6. Not useful – I chose not to implement it

The aim of the Orientation stage is to:

- Explain the research study/kContact model
- Establish or maintain a constructive relationship with parent(s)
- Ensure parent(s) understand the purpose and expectations of them in contact visits
- Make plans for contact visits that meet the needs of both the child(ren) and parent(s)

STAGE 2

1-3 days before each visit

PREPARATION FOR EACH CONTACT VISIT

The aim of the Preparation stage is to:

- Support parent(s) in getting to contact visit
- Plan activities that will take place during the visit

STAGE 3

CONTACT VISIT

The visit is NOT part of the kContact intervention.

- Supervision style, activities, and other details are influenced by discussions with parents at other stages.

STAGE 4

1-2 days after visit

FOLLOW-UP AND SUPPORT AFTER CONTACT VISITS

The aim of the Follow-up session is to:

- Review the contact visit
- Provide emotional support to parent(s)
- Plan for the next visit

STAGE 5

Quarterly for frequent visits or after 2-3 visits (< frequent)

REGULAR REVIEW OF CONTACT VISIT ARRANGEMENTS AND GOALS

The aim of the Review visit is to:

- Review contact arrangements and goals in the light of how visits are going from the point of view of child(ren), parents, carers and relevant professionals
- Re-visit the Orientation stage discussions

Experiences of the intervention

Successes

- Contact was generally regular and positive with parents with an ID
- In some cases, stage 1 and 2 discussions led to improvements in visits, such as location, a wider range of activities, such as family tree scrapbooking and going shopping - “normal” family things
- Relationships with parents improved, leading to consultations with parents on other matters working well too.

Challenges

- Relatively few children had regular contact
- Parents were harder to engage where there were issues of AOD, family violence, mental health
- Workers are time-poor and struggled to implement stages 4 and 5

Baseline Interviews - Preliminary Findings

- Characteristics of parents and carers
- Characteristics of contact visits
- Perspectives on contact

Parent characteristics

68 parents

Child in foster care or other placement – 48

Child in kinship placement - 20

Age	Median age	35
Ethnicity	Australian born	94%
	Indigenous	7%
Education	Post high school qualification	37%
Income source	Centrelink benefits	91%
Type of current residence	Public rented house or flat	68%

Parent risk factor characteristics

Number of children in care	Median Range	2 1 - 8
Number of biological children	Median Range	4 1 - 8
Age at birth of their first child	Median age Range Number who were teenagers	20 years 14 - 41 years 49%
Financial stressors	At least 1 financial stressor	70%
Lived away from parents as a child	Yes	57%
Mental health	Recent treatment Current medication	55% 45%
Substance use	Alcohol Tobacco Other	48% 63% 19%

Reason for removal

Main reason for removal as reported by parents	Domestic violence	29%
	Substance misuse	15%
	Abuse all types	15%
	Neglect	13%
	Don't know	13%
	Parental capacity	9%
	Historical (eg. other children had been removed)	6%
	Mental health	4%

Carer characteristics

100 carers

75 foster carers

25 kinship carers

Age	Median age	51.5
Ethnicity	Australian born	81%
	Indigenous	2%
Education	Post high school qualification	70%
Number of children in foster care	Median	2
Number of biological children	Median	1 42% have no biological children

Characteristics of contact: Frequency and location

- 40% of parents reported that contact visits occurred quarterly across the study
- Contact in VIC compared to the ACT was more variable and more frequent

Every 2-3 months	26 %
Monthly	21 %
Fortnightly or more	52 %

- The most common location for visits as reported by all respondents was in the community followed by a contact centre or agency site.

Mapping Exercise

- Snapshot of all children in care with kContact partner programs on 10 June 2016.
- Do children have contact with their parents / siblings / extended family?
- For those who have no contact with family:
 - What is the main reason?
 - Are these children mostly in long term care?
- Information to be returned by end July

Characteristics of contact: Nature of supervision

“Waiting to hear back about decisions regarding visits with young person and her siblings - can't get straight yes or no answer.” (Parent)

“Hard to know how parents can discipline them and how it will be judged by agency and child protection. Need clearer expectations of what is acceptable, how much of a parent are you allowed to be before it is frowned upon and judged negatively.” (Parent)

Characteristics of contact: Visit Quality

- The majority of parents reported they felt their last visit went very or extremely well.
- Positive interactions between everyone and if the children were happy were key indicators visits were positive experiences.
- Carers and workers tended to have more conservative ratings of visits.

Supporting contact visits

- A third of parents reported that the caseworker or carer was helpful or supportive at visits all of the time.
- Nearly half of parents reported that carers were supportive of contact all of the time.
- One fifth of parents reported that carers were not supportive of contact at all.

Perceptions of Parent Child relationships

“ [I] feel more connected to her. There is a sense of love and belonging and part of the contact, [I] see her as [my] daughter as she has memories of [me].” (Parent)

“It could be better. You could also say "What relationship?" because it's hard to build a relationship when I only see her once per month.” (Parent)

Importance of contact to parents

“Seeing [my] children to reassure [me] they are ok. To see how they are doing, getting information about school, sport, general life activities” (Parent)

“Let the children know I am still their mum and I can be there for them. Tell about the family history so they don't forget where they come from.” (Parent)

Importance of contact to carers

*“It's her family. That's where she belongs. Her people. Her story. Her history. They are her future relationships as well, whether positive or negative.”
(Carer)*

“Important that we communicate (mum and I) gives him the ability to see [he] can love and share us both. Not needing to put a show for anyone. Needs to know it will happen regularly and that he can contact her when he wants to and chat.” (Carer)

Conclusions

- Respondents' views of contact visit quality, and perceptions of the parent-child relationship, were more consistent than expected, when the relationship was viewed positively.
- Workers did not seem to perceive the difficulties in the parent-child relationship when parents reported a lack of warmth and closeness, except when parents also reported conflict with their children.

Implications

- Build into practice regular reviews of the quality of contact visits and the parent child relationship to ensure that difficulties for both parents and children are addressed.
- Recognise that parents may have different views on the parent-child relationship and what visits are like.
- Check with parents even when contact may be viewed as going well by carers and workers.

Discussion and Questions

- Any thoughts about the intervention and whether you would envisage others ways to improve practice in this area?
- Data gathering on an intervention trial is onerous but policy makers prefer evidence from trials. Would you engage in a research trial again? Your views?
- Any other issues of interest.

Publications

Taplin, S. & Mattick, R.P. (2014). Supervised contact visits: results from a study of women in drug treatment with children in care. *Children and Youth Services Review*. 39, 65-72. <http://www.sciencedirect.com/science/article/pii/S019074091400036X#>

Taplin, S., Bullen, T., McArthur, M., Humphreys, C., Kertesz, M., & Dobbins, T. (2015). kContact, an enhanced intervention for contact between children in out-of-home care and their parents: protocol for a cluster randomised controlled trial. *BMC Public Health*, 15, 1134. <http://link.springer.com/article/10.1186/s12889-015-2461-3/fulltext.html>

Bullen, T., Taplin, S., McArthur, M., Humphreys, C., & Kertesz, M. (2016). Interventions to improve supervised contact visits between children in out of home care and their parents: a systematic review. *Child & Family Social Work*. <http://onlinelibrary.wiley.com/doi/10.1111/cfs.12301/abstract>

kContact website: <http://www.acu.edu.au/icps-kcontact>

kContact Research Partners

**Funding: ARC Linkage Grant (LP13010028)
plus partner organisations:**

VICTORIA	ACT
<ul style="list-style-type: none"> • University of Melbourne • Bapcare • Berry Street • CAFS Ballarat • Centre for Excellence in Child and Family Welfare • MacKillop Family Services • Ozchild • Salvation Army Westcare • Wesley Mission Victoria 	<ul style="list-style-type: none"> • Institute of Child Protection Studies (ACU) • Barnardos ACT • Marymead Child and Family Centre • ACT Community Services Directorate

Chief Investigators: Prof Morag McArthur (ACU), Dr Stephanie Taplin (ACU), Prof Cathy Humphreys (UMelb)

This Webinar will be available at:

<http://www.acu.edu.au/icps-kcontact>

Contacts

VIC: Margaret Kertesz - mkertesz@unimelb.edu.au

ACT: Tracey Bullen - tracey.bullen@acu.edu.au