

Profiles of carers and children in long-term-care in kContact study

improving contact between
children and birth parents



Dr Aino Suomi

Assoc Prof Stephanie Taplin

Prof Morag McArthur

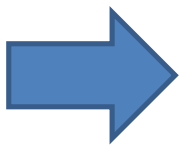
Prof Cathy Humphreys and

Dr Margaret Kertesz



Background

1. Importance of parental contact for child development
2. Both children in OOHC and their birth parents experience significant issues that are likely to make contact difficult
3. Foster carers as the primary carers manage child reactions to contact on ongoing basis
4. Foster carers in a key position to support child in contact with birth parents



Scant and inconsistent policies on contact

Lack of information how to best support carers

Foster carers and contact

Most common issues reported by foster carers around contact

- No clear role for carers
- Lack of info about child/family history
- Exclusion from planning for contact
- Child problem behavior before/after contact
- Direct and indirect abuse from birth parents
- Dealing with 'no-shows', disappointments
- Significant unmet needs for training and support



Research questions

1. Profiles of children in long-term care including psychosocial profiles, care history and contact arrangements
2. Profiles of carers of children in out-of-home care and
3. Support and preparation for contact for carers
4. Training and support needs in relation to contact for carers



kContact: Cluster Randomized Controlled Trial

Brief procedure

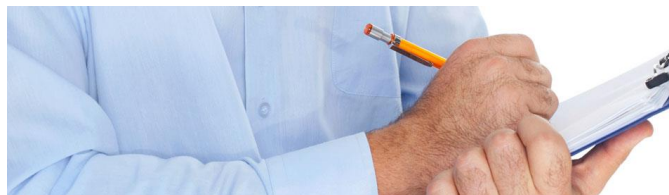
- Three states and territories (ACT, Vic, NSW)
- ACT and Vic completed, NSW ongoing
- Pre- and post intervention interviews
- Baseline and follow-up interviews w/ three groups of adults for each 'study child':

1. workers
2. carers
3. parents

	ACT	Vic.	<i>Total</i>
Parents	26	42	68
Carers	45	58	103
Workers	64	72	136
<i>Total</i>	135	172	<u>307</u>

The carer interviews

- Carers the main informants for the study children
- Interviews of the carers of 103 study children for ACT and Vic
- Age range 21-70, $M=51.5(11.2)$, mostly females (83%)
- 81% born in Aus, 2% Indigenous
- 75% foster carers, 25% kin carers
- Years as a carer <1-31; $M=7.6(6.6)$



Information collected from the 103 carers

Main outcome measure

Strengths and Difficulties Questionnaire (*SDQ*; Goodman, 2001) parent version

Other information

Care history of the child

Contact arrangements

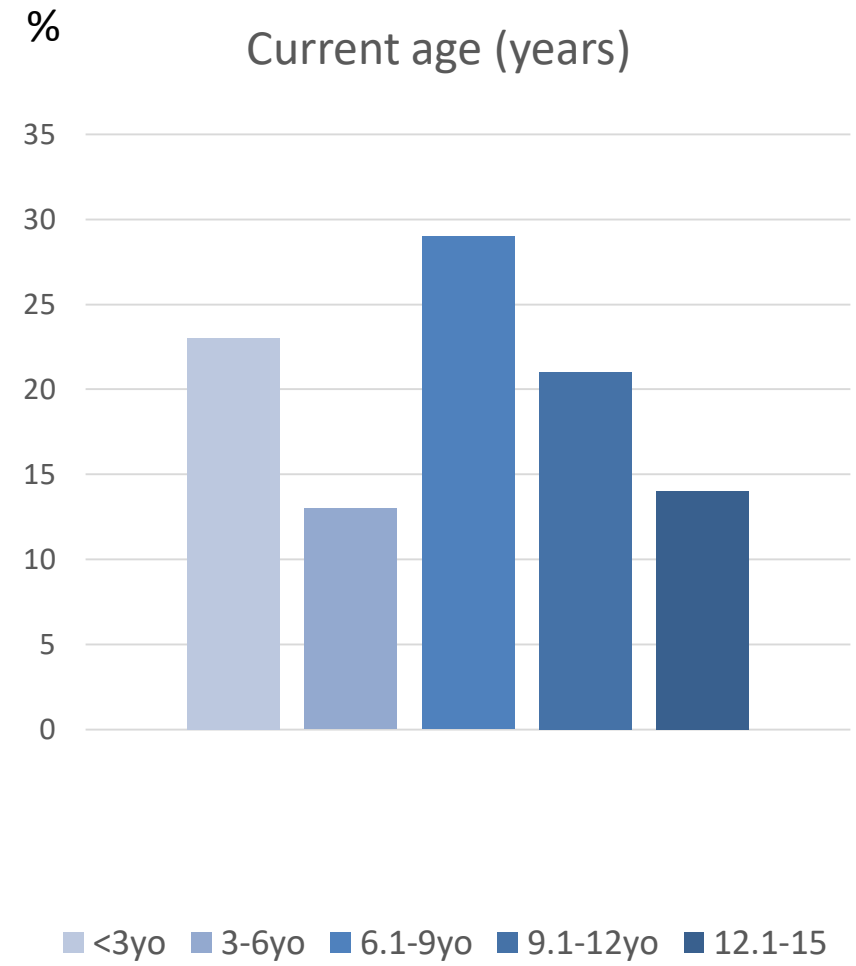
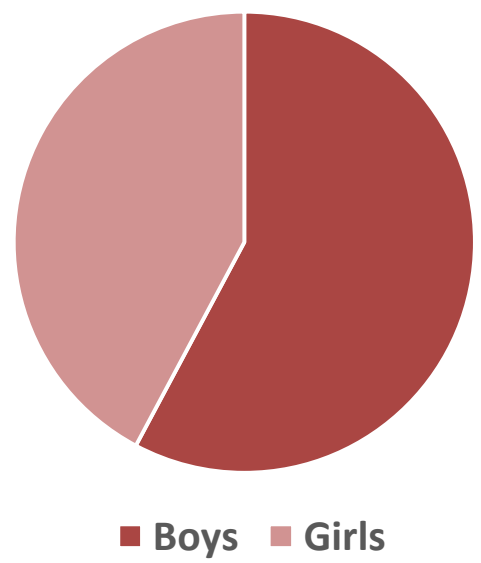
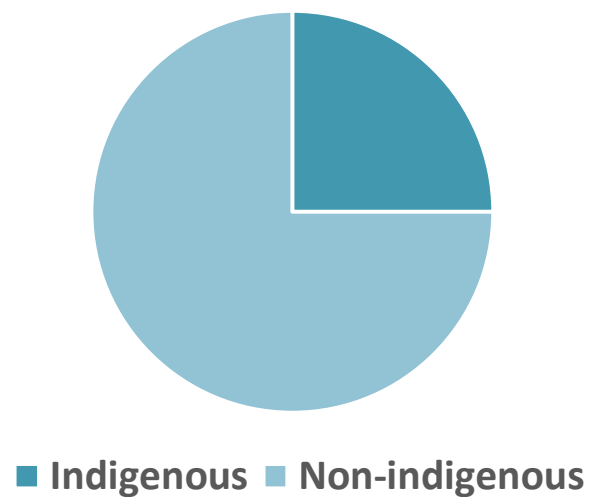
- frequency for both parents
- Supervision

What supports and training carers have received

What kind of supports would they like to receive?



Children (*n*=103)*



*103 carers as informants

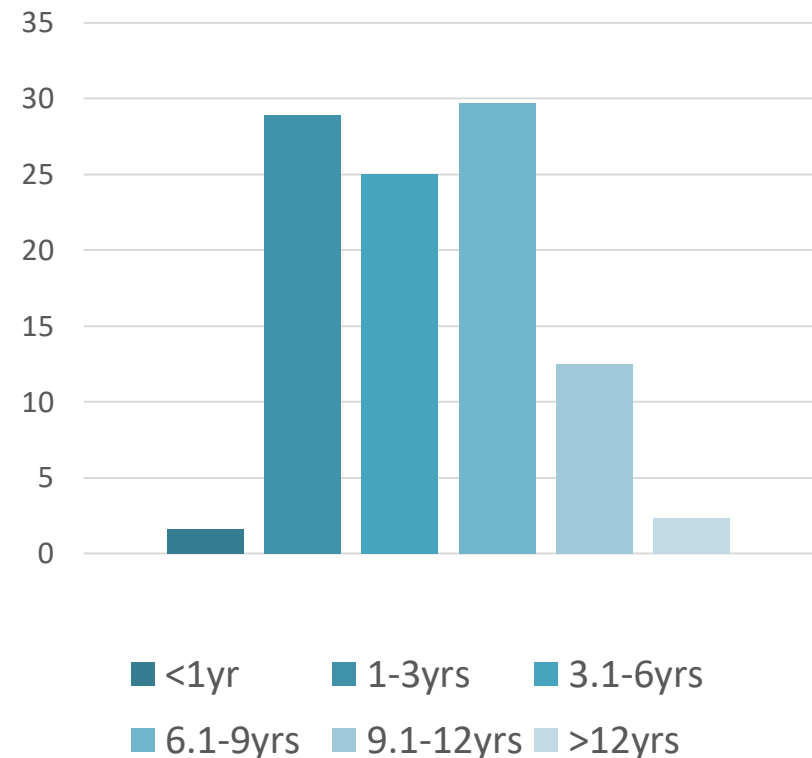
Care history*

MOST COMMON REASONS FOR REMOVAL

- 1 Domestic violence
- 2 Drug & alcohol issues
- 3 Abuse (all types)
- 4 Neglect
- 5 Parenting capacity

# OF PRIOR PLACEMENTS	%
0	34
1	43
2-4	26
5-7	5
8-24	4

Years in OOHC



*103 workers as informants

Current contact*

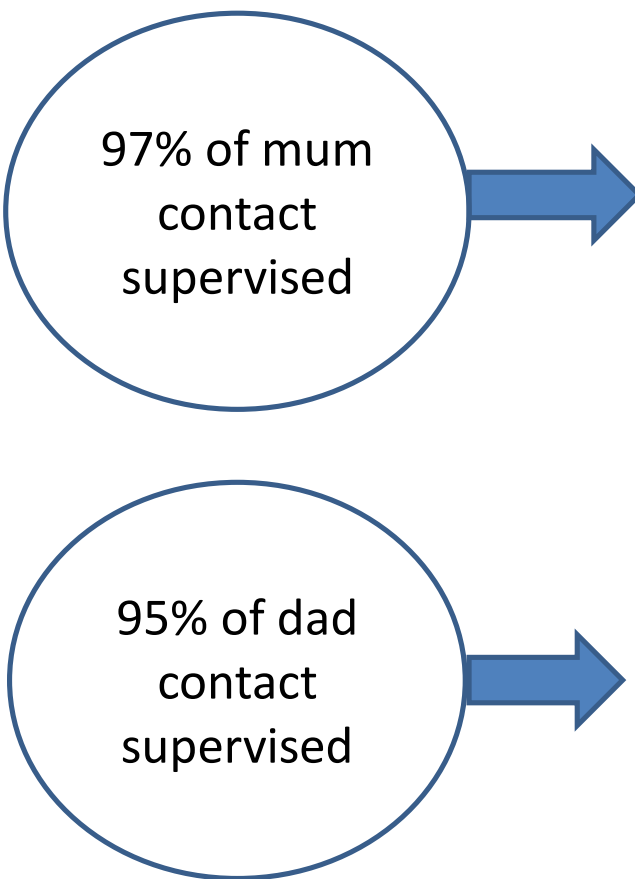
**FACE-TO-
FACE
CONTACT
WITH**

**Mum
94%**

**Dad
58%**

Contact freq.	Mum %	Dad %
1-2x year	6	18
Quarterly	43	30
Monthly	26	21
Weekly	8	12
Other	17	20

Contact supervision*



97% of mum
contact
supervised

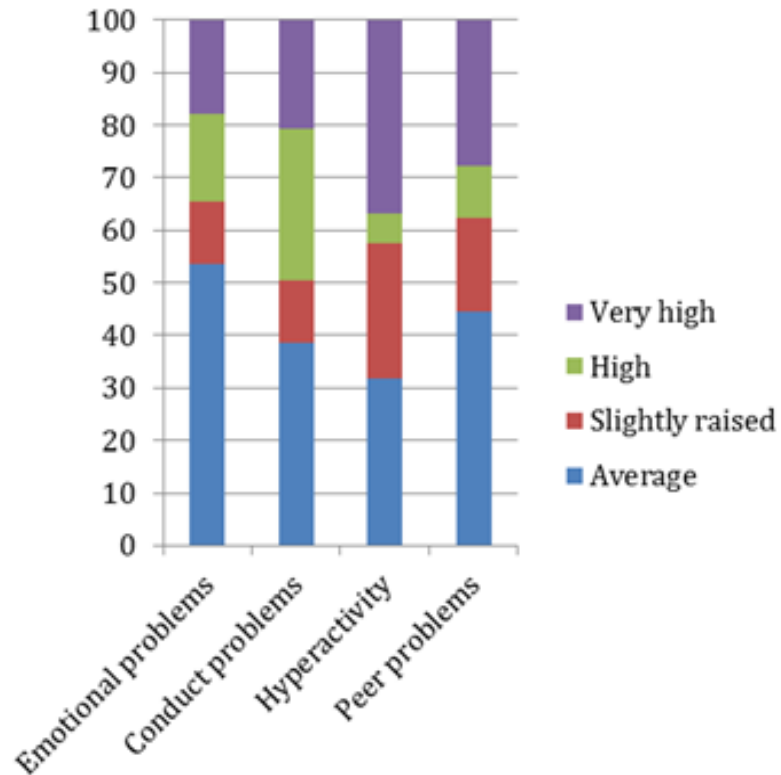
95% of dad
contact
supervised

MOST COMMON REASONS FOR SUPERVISION related to parents

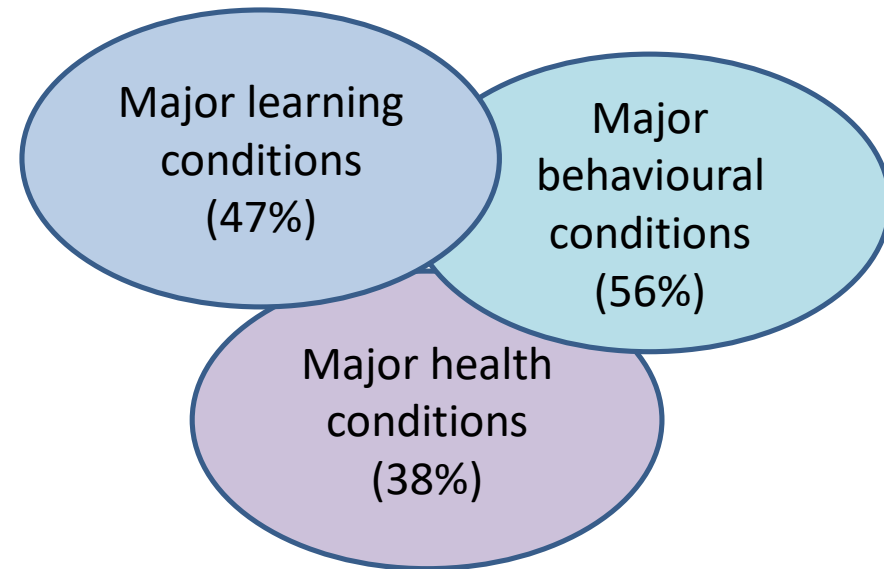
- 1 Drug & alcohol issues
 - 2 Inappropriate behaviours
 - 3 Support for parent
 - 4 History of violence
 - 5 Cognitive difficulties, ID
-

Child psychosocial wellbeing*

SDQ scores



Carers also reported



Preparation and support reported by 103 carers

Initial training	%
None	25
Very basic, up to 4 sessions	39
Comprehensive, up to 20+ sessions	36

Training re contact	%
None	85
Yes – helpful	12
Yes – not helpful or unhelpful	3

I would like more training on contact
60%

I would not like more training on contact
40%

What kind of training carers would like?

Issues related to birth parents 25%

Child management 24%

Basic info what contact looks like 22%

Carers role; supervision by carers 18%

Support from the agency reported by 103 carers

How much support do you get %
in managing contact

None	25
A little	20
Some	31
A lot	25

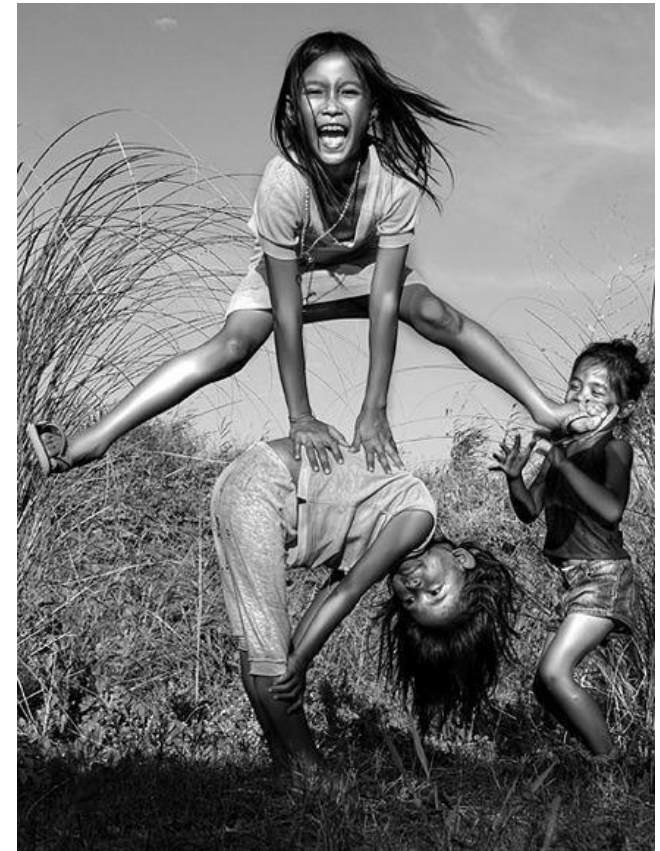
Do you find agency staff %
helpful in managing contact

None of the time	3
Some of the time	23
Most of the time	28
All of the time	46



Summary

- Results in line with previous studies
 - Problematic families
 - Lack of formal training for supports
- Many carers wanting more training, particularly in relation to contact
- Training/support needs for very basic aspects of contact
 - What does contact look like
 - How to manage rships w birth parents
 - Roles of parents/carers/workers
 - Child behaviours around contact
- When support provided it is viewed as helpful



Implications

- Evidence-based training programs on contact for agencies and carers
- Detailed and consistent policies about contact needed at three levels (1) agency; (2) state; (3) commonwealth
- Tailored supports where needed – protocols on needs-based assessment
- Regular review of contact arrangement based on child needs (they change and evolve!)
- Including carers in decision-making
- Whatabout the voice of children?

kContact Research Partners and Funding

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Partner organisations:

- ACT Community Services Directorate
- Centre for Excellence in Child and Family Welfare,
- Barnardos Australia
- Marymead Child and Family Centre

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Publications to date...

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.

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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>