

# **Main findings from the kContact trial of a contact intervention to support parents with children in out-of-home care**

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We also acknowledge the contributions of the Chief Investigators, the researchers and project staff involved in the study at ACU and University of Melbourne, and the study participants.

For more details about kContact, the Chief Investigators and project staff and participating agencies visit the [ICPS website research page](#).

## Ethics approval

Ethics approval was obtained from the Australian Catholic University's Human Research Ethics Committee (HREC), and ratified by the University of Melbourne HREC. Approvals were also obtained from the responsible government and non-government partner agencies.

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## Key points

This research summary outlines the main outcomes and implications for practice of the kContact study which was conducted across three jurisdictions in Australia. The trial took place between 2015 and 2017 in Victoria and ACT, and 2017 to 2018 in NSW.

The kContact study is the largest trial to date testing the effectiveness of a contact intervention (the kContact Practice Model) in the out-of-home care context. The main component of the kContact Practice Model consisted of the key workers contacting parents before and after each contact visit to provide them with support. This support helped parents clarify their concerns and expectations about contact, and provided practical and emotional support for the next visit with the study child.

The study demonstrated that the kContact intervention significantly reduced the proportion of contact visits cancelled by parents. In addition, when the program was fully delivered, it significantly improved caseworkers' receptivity to family contact, and significantly improved parents' satisfaction with contact. The study showed that supporting parents can be an effective approach to improving contact experiences that can be easily embedded in the current casework practice.

These findings demonstrate the benefit of the kContact Practice Model in providing support to parents to attend contact visits. Given the distress children experience when visits are cancelled or when parents fail to attend a scheduled visit, and when contact visits are negative experiences, being able to show an improvement on these outcomes as a result of the intervention is particularly important.

The findings in this research summary are based on the following publication: Suomi, A., Lucas, N., McArthur, M., Humphreys, C., Dobbins, T., & Taplin, S. (2020). Cluster Randomized Controlled Trial (RCT) to Support Parental Contact for Children in Out-of-Home Care. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2020.104708>

## The contact context

When children are removed from their parents by child protective services, ‘contact’ or ‘access’ visits between them and their parents are usually established.

Contact helps maintain the child’s relationships with their family of origin (Sen & Broadhurst, 2011; Taplin & Mattick, 2014) and develop a positive personal and cultural identity (Haight et al., 2003). Previous research has found that good quality contact visits can promote positive outcomes and children’s psychosocial wellbeing (Cantos et al., 1997; McWey et al., 2010; Sen & Broadhurst, 2011). Poorly managed contact visits and negative contact experiences can disrupt the relationship between the child and their new carers, destabilise care placements (Cashmore & Taylor, 2017), and exacerbate behavioural and emotional problems (Haight et al., 2003; Murray et al., 2010; Morrison et al., 2011; Sen & Broadhurst, 2011).

In Australia, the majority of children in foster and kinship care (56 - 94%) have some direct contact with their parents, and about half of that direct contact is supervised, usually by caseworkers or foster/kinship carers. Supervised contact was the main focus of the study reported here.

## The rationale for this study into contact

Current research evidence on contact provides little guidance as to what ‘good quality contact’ entails. Given the prevalence and importance of supervised contact visits to the above outcomes for children in care, there are surprisingly few reported contact programs (or interventions), and none which use a robust methodology, such as a randomised controlled trial (RCT)<sup>1</sup>, to test their effectiveness in an out-of-home care setting. This means that children removed from their families have not widely benefited from the systematic methodology used in RCTs to test whether programs work and improve their wellbeing.

Read other [published articles related to this research](#) on the ICPS website.

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<sup>1</sup> RCTs are widely viewed as the “gold standard” for assessing whether an intervention works or not in health research. In brief, RCT’s compare control (or comparison) and intervention groups on outcomes of interest. As a result of the ‘randomised controlled’ design, the only expected difference between the control and intervention groups is the outcome variable(s) being studied, and so strong conclusions can be drawn about whether the intervention worked or not.

## The kContact study

The kContact study developed and trialed a contact program for children in long-term care who were having supervised contact with their parents; it aimed to contribute to the research evidence by conducting one of the first RCTs of a contact intervention.

### Recruitment

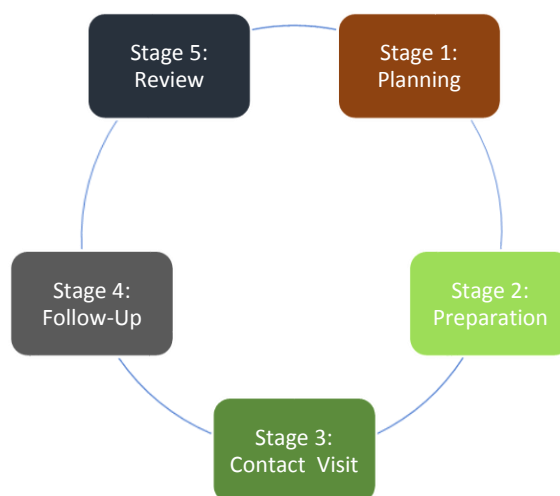
Fifteen out-of-home-care (OOHC) agencies in Victoria, ACT and NSW were involved in the study. The selection criteria for study children were: 0-14 years of age, in long-term care at one of the participating agencies, and having regular supervised contact with at least one parent. A child was considered a study child if one or more carer, parent or caseworker was recruited to provide information about themselves and the study children at baseline. The number of study children was 183 children.

The 15 OOHC agencies were randomly assigned to either the intervention or comparison groups: the intervention group agencies received the kContact intervention, while the comparison group agencies continued to provide their usual supervised contact services (standard contact).

### The kContact Practice Model

The intervention content is described in detail elsewhere (Taplin et al., 2015). The kContact Practice model provided systematic emotional and practical supports for the parent before and after each visit; these supports were provided by their own caseworkers to the parents (of 100 study children) at the 8 intervention agency sites. A kContact Intervention Coordinator provided caseworkers training, ongoing support in the program, and a manual with checklists and resources.

The five stages of the **kContact Practice Model**



## Outcomes

The pre-planned outcomes are reported in full in the protocol paper (Taplin et al., 2015). Information was collected from parents, carers and workers, as relevant, in relation to the study child. Information was collected from three groups at two timepoints: before the intervention and nine months after, with similar questions asked at both timepoints to determine whether the intervention resulted in changes in the outcomes. Demographic data and information about contact were also collected from the three groups.

We expected that the kContact intervention would:

1. decrease child problem behaviours
2. improve relationships between children and parents
3. improve the ability of carers and caseworkers to support family contact
4. reduce the proportion of contact visits cancelled by parents.

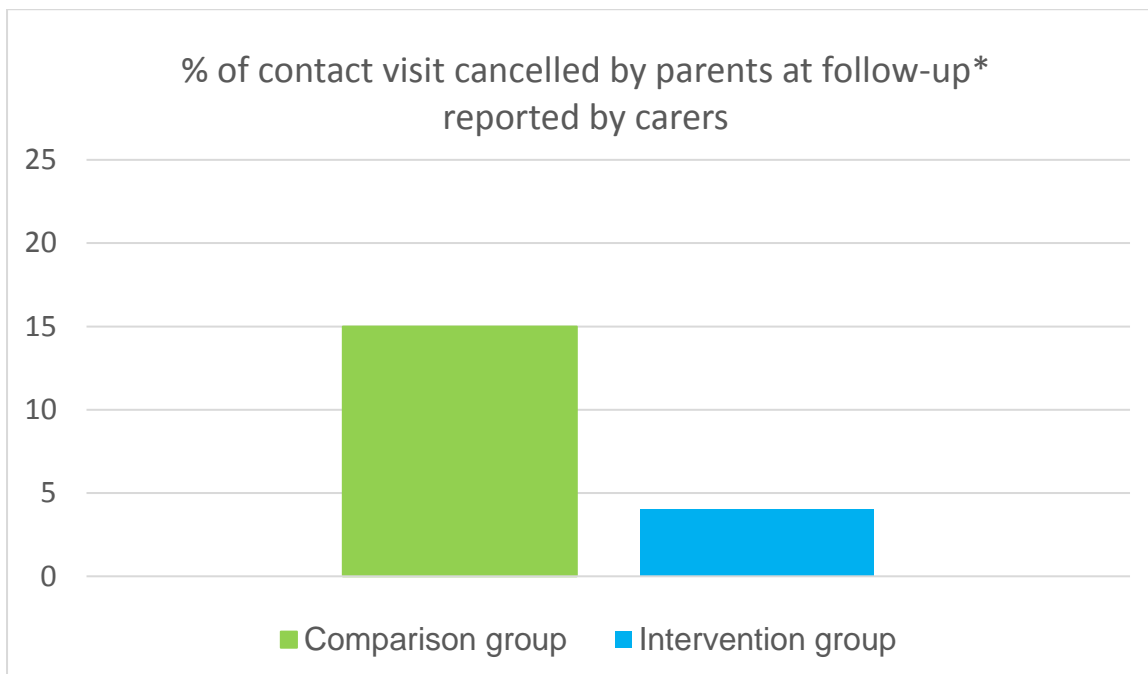
Some revisions were made to these planned outcomes subsequently which are reflected in the findings section below.

## Summary of the main study findings

The kContact study findings revealed that the intervention had a significant effect in three areas that are outlined below.

### Significant reduction in cancellations of visits by parents

Compared with the comparison group, **significantly fewer visits were cancelled by parents** in the intervention group by the time of the follow-up interviews. This is an important result given the distress that children can experience when parents cancel or fail to attend their expected visits. Reducing parent cancellations of contact visits with their children may also improve relationships between parents and their children.

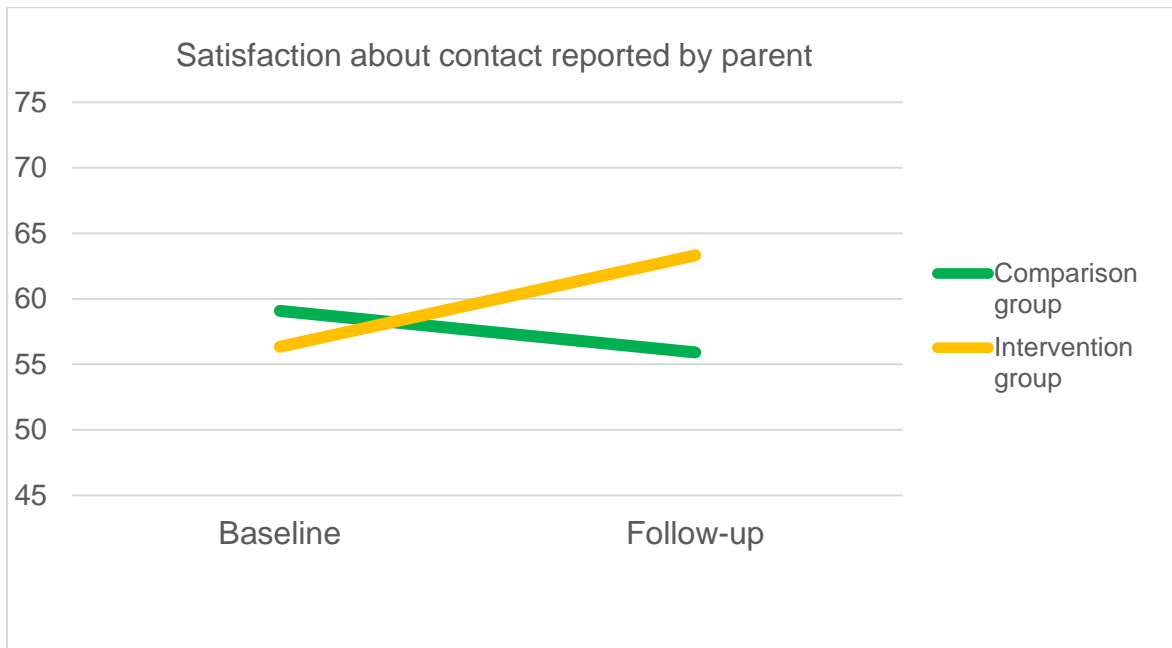


\*baseline cancellations were equal between comparison and intervention groups



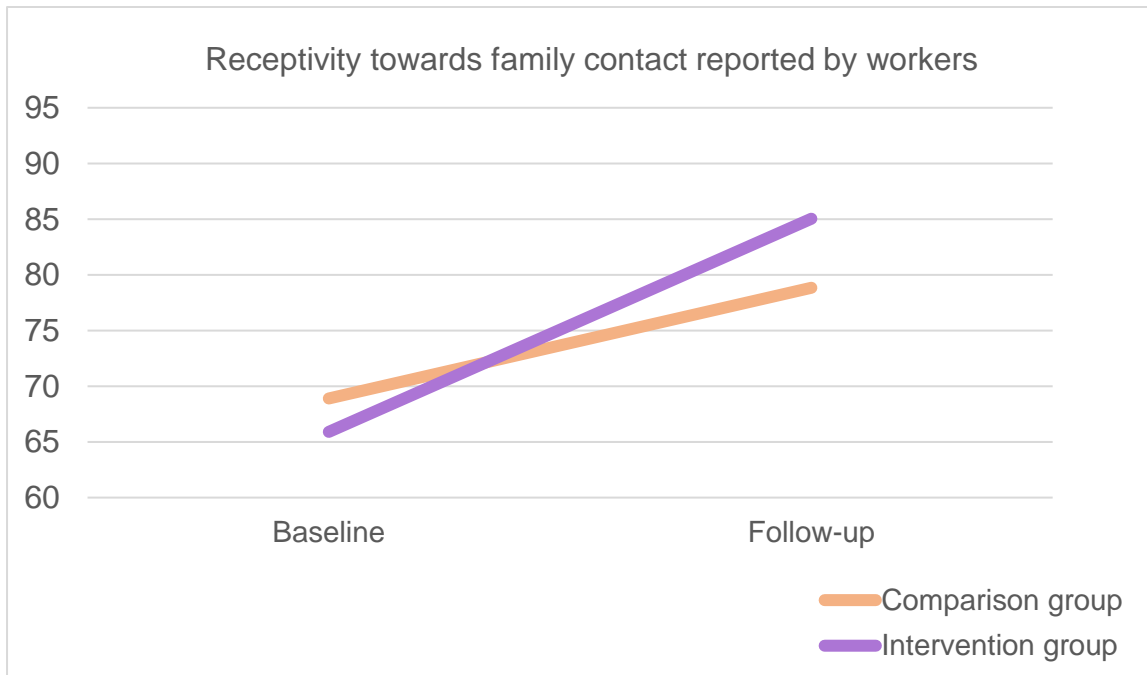
## Significant improvement in parents' satisfaction with contact

**Parents in the intervention group reported improved satisfaction with contact visits**, relative to those receiving contact as usual. Qualitative research has identified parental feelings of powerlessness and stigma amongst these groups, and a lack of support by the child protection system; reducing these feelings and increasing satisfaction via extra supports for contact is important and likely to lead to longer term benefits.



## Significant improvement in caseworkers' receptivity towards contact

**Caseworkers were more receptive to contact after the kContact intervention.** Receptivity or openness is related to the level of support they are likely to provide for family contact, and it was relatively low before the kContact intervention. Following training and support in kContact from the Intervention Coordinator, a significant improvement was detected. By increasing the caseworkers' openness and support for parents and their contact visits, we expect ongoing and flow-on effects, such as improved satisfaction and relationships for all parties.



## Why we didn't find treatment effects with children or carers

Some potential explanations for not detecting significant findings for children and carers are detailed below.

### Expecting change beyond the program target groups

Significant intervention effects were found only in relation to parents (the target of the intervention) and caseworkers (who delivered the intervention with the support of the Intervention Coordinator). No changes were found in relation to the children or carers, neither of whom were actively or directly involved in the intervention.

### The implementation rate was not as high as expected

In the program design phase, we held workshops with agencies and workers to help design the intervention. The overall aim was to design a program that could be easily delivered within the current practice, would require minimal time commitments, would provide training and manuals, and offer ongoing support to individuals in how to use the program. However, implementation on the full program was not as high as hoped for and it was complicated by high worker turnover and workers not engaging fully with parents. We identified the following issues as barriers to implementation:

- the need for additional resources for caseworkers to engage with parents and the program
- easing the time pressures on workers
- reducing staff turnover.

It is likely that when these issues are addressed workers might be better placed to provide additional supports for the parents. The results show that when the program was implemented in full, caseworkers became more supportive of contact and parents were more satisfied with contact visits and less likely to cancel them.

Information about the longer-term effects, including a longer follow-up period, was out of scope for this study but it may be that caseworkers' receptivity to supporting contact, parents' willingness to attend and their satisfaction with contact visits, will translate into improvements in child wellbeing over time as a result of more stable and improved contact experience.

### Generalisability beyond children in long-term care

The target children were in long-term care with supervised contact with one or both parents, and the majority were in foster care placements. While this group represents a specific group of children in out-of-home care, it does not mean that the findings are not applicable to other OOHC groups. However, we suggest that further research is needed to confirm the kContact program's suitability to other groups, such as children who have recently entered OOHC or are being reunified with their parents.

## Implications for policy and practice

The kContact study provides important information about support for supervised contact, with implications for policy. Supervised contact is an opportunity to provide much-needed supports to all the parties involved, and a consideration of their individual needs.

### Workers

- By providing enhanced support to parents for contact visits, the kContact program improved the satisfaction of parents and led to a reduction in cancellations of their contact visits with their child. These changes are likely to flow on to longer term benefits for children.
- The training and support provided as part of the kContact program trial significantly increased the workers' openness and support for contact; this means workers were more open to providing emotional and practical support for the parents around the contact visits.
- Supporting caseworkers to engage with parents was beneficial: it helps worker-parent relationships, improves the experience of the visit, and reduces visit cancellations. Some workers also reported general benefits from improved working relationships with parents.
- Workers need extra support to deliver a new program such as kContact. Agencies might consider having a dedicated program coordinator to train and support workers in program delivery. Also programs need to be carefully embedded in current practice, limiting additional workload for workers.
- Easing the time pressures on workers, and retaining staff were all identified as issues affecting workers' ability to engage with the kContact program; addressing these issues is likely to increase workers' use of the kContact program.

### Parents

- Parents report feelings of powerlessness and stigma in their dealings with the child protection system, and a lack of support to negotiate the system. Reducing these feelings and increasing their satisfaction via extra supports for contact is important and is likely to lead to longer term benefits for both the parent and their children. The collaborative process of the kContact Practice Model, involving information sharing and regular communication with parents, ensures that the service values their knowledge and perspectives. This type of model encourages practice that builds trusting relationships which, in turn, can lead to change.
- Parents with limited parenting skills may find it difficult to engage with their children under supervised contact conditions, particularly when restrictions are placed on their behaviour and conversation topics (Bullen et al., 2017; Hojer, 2009). Parents also experience challenges in attending supervised contact visits, and/or distress from seeing their child in the care of others (Taplin & Mattick, 2013; Nesmith, 2015). Providing additional supports is therefore important.
- The kContact Practice Model provides structured support to parents both prior to and following supervised contact visits with their child(ren). This includes steps for caseworkers to help parents plan goals and activities for upcoming visits, and to reflect on what worked well, with an emphasis on the strengths parents feel they could build on.

## Carers

- Although carers, particularly foster carers, are generally not present during contact visits, they can play a pivotal role in supporting children’s contact visits. The level of involvement carers have in supporting contact, their attitudes towards contact, and the training and support they receive as carers, all influence children’s experiences of contact with their parents.
- Carers were not directly involved in the delivery or receipt of the kContact intervention. However, information and support for carers dealing with parents and child distress is important.

## Children

- Improving the quality of contact visits through supporting vulnerable parents is likely to have a positive effect on children. More RCTs should be conducted in this field so children removed from their parents could benefit from programs that have been rigorously tested.
- While children were not actively involved in this part of the study, it is recognised that giving children the opportunity to contribute more to discussions about contact might help them to better address any feelings of confusion and isolation.

## kContact Practice Model

The manual and training provide guidance and information for workers in each stage of the program.

<p><b>STAGE 1:</b> <b>Planning</b> (Occurs once 1-2 weeks before the first contact visit)</p>	<p>Contact the parent (1-2 weeks before the first contact visit during the kContact trial):</p> <ul style="list-style-type: none"> <li>• Advise parents of the new approach to planning and following-up on contact visits</li> <li>• Clarify parents' expectations and/or concerns about contact visits</li> <li>• Discuss their children's needs during contact visits</li> <li>• Help parents to set some appropriate goals around contact visits</li> </ul>
<p><b>STAGE 2:</b> <b>Preparation</b> (1-3 days before each contact visit)</p>	<p>Contact the parent (1-3 days prior to each visit):</p> <ul style="list-style-type: none"> <li>• Confirm their attendance at the upcoming visit</li> <li>• Provide them with any relevant information about their child(ren)</li> <li>• Support the parent to plan goals and activities for the upcoming visit (linked to discussions from the planning in Stage 1)</li> <li>• Communicate any issues/plans/strategies to Supervisor</li> </ul>
<p><b>STAGE 3:</b> <b>Contact Visit</b></p>	<p>Where possible and appropriate, the Contact Supervisor can support parents to follow through with the plans made during Stage 2</p>
<p><b>STAGE 4:</b> <b>Follow-up</b> (1-2 days after each visit)</p>	<p>Contact the parent (1-2 days after the visit):</p> <ul style="list-style-type: none"> <li>• Help parents to reflect on the last Contact visit</li> <li>• Provide parents with appropriate support to plan goals and activities for the next visit</li> </ul>
<p><b>STAGE 5:</b> <b>Review</b> (Occurs quarterly for weekly or monthly visits or after 2-3 visits)</p>	<p>Conduct a review of contact visits with relevant stakeholders (either quarterly or after 2-3 visits if visits occur less frequent than on a monthly basis):</p> <ul style="list-style-type: none"> <li>• Discuss practical arrangements for the visits</li> <li>• Clarify parents' expectations and concerns about contact visits</li> <li>• Discuss children's needs in relation to Contact visits</li> <li>• Re-visit goals for upcoming visits</li> </ul>

## Conclusions

The kContact intervention significantly reduced the proportion of contact visits cancelled by parents, and when the program was fully delivered it significantly improved caseworkers' receptivity to family contact, and significantly improved parents' satisfaction with contact.

These findings demonstrate the benefit of the kContact program in providing support to parents to attend contact visits. Given the distress children experience when visits are cancelled or when parents fail to attend a scheduled visit, and when contact visits are negative experiences, being able to show an improvement on these outcomes as a result of the intervention is particularly important.

This study is the largest trial to date testing the effectiveness of a contact intervention in the OOHC context. Significant numbers of authors highlight the lack of evidence in this area and the need to systemise practice around contact; contact is an important contributor to the wellbeing and development of children who have been removed from parents due to maltreatment.

In conclusion, the study shows that supporting parents can be an effective approach to improving contact experiences that can be embedded in the current casework practice.

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