



Supervised contact visits: Results from a study of women in drug treatment with children in care



Stephanie Taplin^{a,*}, Richard P. Mattick^b

^a Institute of Child Protection Studies, Australian Catholic University, Canberra, ACT 2602, Australia

^b National Drug and Alcohol Research Centre, The University of New South Wales, Sydney, NSW 2052, Australia

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ABSTRACT

Introduction: There is currently little research evidence on how to manage contact in a child protection context, and for which children, in what circumstances it is beneficial.

Methods: This study uses data from a larger study of mothers in pharmacological treatment for opioid dependence in Sydney, Australia. Mothers who had at least one child in out-of-home care were interviewed about their characteristics, contact and other care arrangements.

Results: Women ($n = 56$) were generally disadvantaged and had 1.8 children in care on average. Two-thirds ($n = 66$) of their 99 children were in kinship care and one-third in foster care ($n = 33$). The majority of the children (84%) had some contact with their mother, most of which was supervised, in some cases for many years. Bivariate analyses showed that contact was significantly more likely to be supervised if the children were in foster care, the mother was on psychiatric medication and/or had used cannabis more frequently in the past month.

Discussion: This study is one of the largest studies to examine the issue of contact amongst mothers with a substance-using history. We found that supervised contact was common in these families and highlight the need for better support for contact. The need for better research evidence on the impacts of current models of supervised contact is also identified, particularly given the high monetary cost to the child protection system.

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1. Introduction

The United Nations Convention on the Rights of the Child, Article 9 (UN General Assembly, 1989), states that children have rights to “maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interests”. Contact between children in out-of-home care and their birth families is, however, a contentious issue. Managed well, it can have a number of benefits, including the increased likelihood of children reunifying with their birth families, the enhancement of children’s emotional, behavioural and intellectual development, and providing children with a greater sense of their own origins and identity (Fernandez & Lee, 2013; McWey, Acock, & Porter, 2010, Sen & Broadhurst, 2011; Wulczyn, 2004). Poorly managed contact has been found to be harmful, however, particularly in circumstances where there is a history of maltreatment (Sen & Broadhurst, 2011). There is currently little research evidence on how to manage contact, and for which children, in what circumstances it is beneficial. This study uses data from a larger study of mothers in pharmacological treatment for opioid dependence in Sydney, Australia,

who had children in out-of-home care, and examines their contact arrangements.

1.1. Background

Support for contact with birth families is generally underpinned by theories of attachment that have emphasised the need to maintain family relationships wherever possible and drawn attention to the negative impact of separation (Sen & Broadhurst, 2011). Bowlby (1977) defined attachment as “the propensity of human beings to make strong bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise” (p. 201). Theoretically, the separation of children from their parents is a risk factor associated with poor mental health of children in out-of-home care (McWey & Mullis, 2004). Bowlby (1982) asserted that children who experience the loss of an attachment figure will exhibit distress even if the attachment figure is replaced with a capable caretaker. This distress can manifest in problematic behaviours, such as aggression, delinquency, and depression (Kaplan, Pelcovitz, & Labruna, 1999). Parental contact is seen as a way of maintaining the child’s sense of continuity and identity (Delfabbro, Barber, & Cooper, 2002).

* Corresponding author at: Institute of Child Protection Studies, P.O. Box 256, Dickson, ACT 2602, Australia. Tel.: +61 2 6209 1319.

E-mail address: stephanie.taplin@acu.edu.au (S. Taplin).

In the out-of-home care sphere, the view emerged that greater openness and contact was needed in care placements and this was reflected in changes to the legislation in Australia. In the state of New South Wales (NSW), the *Children and Young Persons (Care and Protection) Act 1998* gave the Children's Court the power to make contact orders for children in care. Since then, there have been large increases in the number of children in out-of-home care, putting pressure on the system not only to meet the demand for suitable placements but also to manage and fund contact between children in care and their birth parents. The actual impact of changes to legislation governing contact in Australia has not been determined, but in a study evaluating the impact of similar changes in the UK, Cleaver (2001) found a fourfold increase in the amount of contact after the commencement of their Act.

1.2. Evidence for and against contact in care

The research evidence for contact in care is somewhat contradictory. Little methodologically sound research has been conducted examining the outcomes of contact. As Quinton and colleagues stated in 1999, "at present the research evidence is insufficiently strong or developed to allow confident prescriptions" (Quinton, Selwyn, Rushton, & Dance, 1999, p. 530); this view was repeated ten years later by Triseliotis (2010) in his review of the evidence for contact in care.

Sen and Broadhurst (2011) in their review, claim that regular family contact has three key beneficial outcomes: (1) the prospects of reunification with birth parents are increased; (2) placements are less vulnerable to disruption; and, (3) children's emotional, behavioural and intellectual development are enhanced. Others have identified that contact increases the likelihood of reunification and enhances the potential process of reintegrating the child into the family (Wulczyn, 2004; Fernandez & Lee, 2013). Good quality contact in conjunction with other positive professional intervention will promote positive outcomes for children (Sen & Broadhurst, 2011). Importantly, continued contact between children in care and at least one biological parent is positively correlated to children's current wellbeing, and higher levels of externalising behaviours are evident where there is no contact (McWey et al., 2010).

On the other hand, researchers have found that contact can be disruptive and prevent children developing a sense of permanence, can place considerable emotional strain on children by reminding them of the separation, can generate a conflict of loyalties between biological and foster parents; and can increase social worker workloads and conflicts between parents and children (Barber & Delfabbro, 2004; Morrison, Mishna, Cook, & Aitken, 2011). Furthermore, poorly planned, poor quality and unsupervised contact may in fact be harmful, particularly where there is a history of maltreatment (Sen & Broadhurst, 2011).

Despite a lack of evidence, there is a general presumption in the field that maintaining links in care placements wherever possible is beneficial, largely because families remain an important source of support for their children, especially when support from the State is withdrawn in later adolescence (Quinton, Rushton, Dance, & Mayes, 1997; Wilson & Sinclair, 2004). Furthermore, research that asks children and young people has found that they generally want increased contact with their birth parents, even if much of that contact has been problematic (Moyers, Farmer, & Lipscombe, 2006; Morrison et al., 2011). In the long term, most children want some contact with their parents, particularly their mothers, and most prefer to live with and plan to return to their mother (Sen & Broadhurst, 2011; Morrison et al., 2011). As Selwyn recommends, however, we need to "move beyond generalisations of whether contact is harmful or beneficial, and to consider for which children, in which circumstances and by which means, contact should be promoted or ended" (Selwyn, 2004, p. 162).

1.3. Evidence around type and frequency of contact in what circumstances

There is currently a dearth of research assessing the outcomes and impacts of different models of contact in child protection contexts, which makes it difficult to determine the best ways of delivering contact, even when it is considered beneficial. Attempts have been made to document the factors which should be considered by those making decisions about contact. These factors generally include the reason for removal of the child, the risk of further abuse, the likelihood of reunification and the age of the child, which in turn affect the frequency of the contact, whether it is face-to-face or indirect, and whether it is supervised, by whom and where (Lucey, Sturge, Fellow-Smith, & Reder, 2003; Neil & Howe, 2004; Selwyn, 2004).

1.3.1. Frequency

The fundamental issue which will affect the amount of face-to-face contact is whether there is a plan to return the child home to his/her birth parents: it is generally recommended that frequent visits with the birth parents be encouraged when reunification is the goal (Mennen & O'Keefe, 2005). Some observational studies have been conducted examining the association between contact frequency and reunification. Delfabbro et al. (2002), for example, found that not only children who were more frequently visited were more likely to be reunified – but also children with better adjusted and more co-operative parents were more likely to have family contact and go home. Their conclusion was that it cannot be assumed that the introduction of contact where it was not occurring previously, or increases in contact, are always beneficial (Delfabbro et al., 2002). Other researchers have concluded that there is no evidence that imposing more frequent contact arrangements on children in long-term care will increase the likelihood of children returning home (Quinton et al., 1997; Sen & Broadhurst, 2011).

The management of contact also needs to take into account the age at which the child was placed in care and their current age. Older children are likely to have had a relationship history with their birth family, while children placed in care as young babies, are less likely to have established significant relationships with birth families (Neil & Howe, 2004). An understanding of normative child developmental stages can inform the decision-making process. For example, without contact, infants and toddlers are able to hold memories of parents for short periods of time, meaning that they might need more frequent contact when reunification is the goal. Older children are more likely to make their own decisions and arrangements about the amount and type of contact they want with their birth parents, and tend to rely on indirect means such as mobile phones and social media to communicate (Selwyn, 2004).

Triseliotis (2010) has observed that there is a presumption that contact will be 'reasonable', but this has not been defined, and no study has identified the appropriate frequency of contact for each group of children in care.

1.3.2. Differences between contact in kinship care and foster care

The placement of children with kin or relatives as carers has become more common (AIHW, 2013), and it is often assumed that kinship care will facilitate contact between children and their birth parents. The literature on contact in different types of care, however, tends to be somewhat inconsistent. Some studies have found that children in kinship care had more contact with their biological parents than those in foster care (Holtan, Rønning, Handegård, & Sourander, 2005; Farmer & Moyers, 2008), while other studies found no difference in contact between kinship and foster placements (Strijker, Zandberg, & van der Meulen, 2003; Vanschoonlandt, Vanderfaellie, Van Hoken, De Maeyer, & Andries, 2012).

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