



What Works for
**Children's
Social Care**



EMMIE SUMMARY

Supervised contact visits
between children in out of
home care and their parents





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About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social

care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and

families, including family support services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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Supervised contact visits between children in out of home care and their parents

What is the intervention?

This systematic review looked at interventions aimed at improving the quality of supervised contact between children who are looked after and their parents. Bullen and colleagues highlight that while the importance of supervised contact visits is widely accepted, there is a limited evidence base as to the outcomes for children and parents or how contact can best be delivered. Generally, supervised contact is aimed at promoting child safety, ongoing relationships with birth families and reunification. The exact nature of contact tends to be decided based upon the individual circumstances of each family including the parent-child relationship, parental responsiveness to the child's needs and the child's age and development (Saini et al, 2012; Atwool, 2013; Prasad, 2011; Taplin, 2005).

The impact of good quality contact between parents and children who are looked after has been found to promote positive outcomes for children, including improved placement stability and wellbeing (Sen and Broadhurst, 2011; Moyers et al. 2006), whereas poorly planned and low-quality contact can result in placement instability and feelings of rejection for children (Morrison et al., 2011; Moyers et al., 2006). Much of the existing research on supervised contact is descriptive, focusing on practical factors such as type, nature, frequency and duration of contact. This summary is based on the systematic review by Bullen and colleagues which evaluated the evidence for interventions aimed at improving the quality of supervised contact visits between parents and their children looked after. The review considered twelve studies which the authors classify into two main models, individual family support programmes and group programmes. Seven studies reported findings from individual family support programmes and group programmes. Five of the seven studies were based upon the Visit Coaching model (Beyer, 2004, 2008) which was designed to improve parent



capacity to guide contact visits and better respond to the child. All four group programmes supported contact visits aimed at children where reunification may not be the goal.

Which outcomes were studied?

- Parental outcomes
- Parent-child relationship

How strong is the evidence?

Bullen et al. (2017) highlight that while the review provides preliminary evidence, the quality of the evidence is weak.

Given that most of the included studies were descriptive or quasi-experimental service evaluations, the authors adapted a model developed by Hudson et al. (2010). This model was designed for reviews where there is a paucity of intervention studies, grading evidence into four categories. None of the twelve studies were graded as strong evidence and only one study, a randomised controlled trial was graded as fairly strong evidence. Three studies were graded weak (e.g. observational studies) and eight studies graded as very weak evidence (e.g. cross-sectional studies). Study quality was also assessed using a critical assurance approach that rated studies against seven methodological criteria (Andrews et al, 1982). Scores were generally low, ranging from one to five with a median score of two out of a possible seven. Of the twelve studies, five studies conducted a follow up measurement at least three months later.

Studies of individual family support programmes were limited by small sample sizes and limited reporting on child and adult outcomes. Studies of group-based interventions had improved methodological rigour due to the inclusion of post-intervention follow-up and good internal validity. However, two of the four group-based intervention studies did not measure the impact of the interventions on contact visits and only one study asked children for their experiences of contact.



Effectiveness: how effective is the intervention examined?

Outcome 1: Parental outcomes

Effect rating	+/-	
Strength of Evidence rating	1	

Outcome 2: Parent-Child relationship

Effect rating	+/-	
Strength of Evidence rating	1	

In a randomised controlled trial (Haight et al., 2005), where twenty mother-child dyads were randomly assigned to either the experimental or control group, mothers who had received a single session visit-specific individual family support intervention demonstrated significantly more behavioural strategies aimed at supporting their child at the end of the contact visit. These strategies included explicitly saying goodbye to their child and showing love to their child, either by verbally expressing their love or through showing physical affection such as hugs or kisses. Mothers in the intervention group displayed a mean of 4.6 different strategies whereas mothers in the control group displayed a mean of 3.3 different strategies. However, during observations, mothers in the intervention group were found to be less engaged, and less inventive, than mothers in the comparison group during leave taking.

While reunification rates did not improve, Gerring et al.'s (2008) observational findings from a quasi-experimental study where parents and foster carers attended contact



together revealed improvements at the end of visits and increased focus on the child. The authors suggest that using a relationship framework, such as the Visit Coaching model, can be an effective base for parent-child relationship change. Findings from the Therapeutic Access Programme (Cheung et al., 2012) which aimed to reduce rejection and inconsistent parenting behaviours, showed that most parents reported positive impacts on their relationship with their child as a result of the individual family support, though responses from children were not collected.

The authors note that considered in isolation there is limited evidence in support of individual family support programmes for supervised contact. However, when the programmes are considered together, the evidence suggests that individual family support programmes have the potential to improve parent-child relationships and the quality of the contact visit.

Regarding group programmes, findings from three quasi-experimental studies highlighted improved parental outcomes as a result of the use of structured group discussion. Salveron et al. (2009) developed a structured therapeutic playgroup for parents having supervised contact with their children. The aim of the playgroup was for parents to practice skills they had learned in an education component of the programme. Parents' satisfaction with the playgroup improved across time points. Parental guilt and parental confidence did not change following the intervention, however, shame decreased significantly from pre-intervention to post-intervention.

Whilst not targeted at contact visits, the Nobody's Perfect parenting programme (Kennett and Chislett, 2012) included child behaviour, nutrition, and anger management as well as providing parents a safe place to reflect on their parenting role. Improvements were found in non-custodial parents' parenting resourcefulness ($r = -0.32, p = 0.07$) and positive parent-child interactions compared with custodial parents ($r = -0.29, p = 0.09$).

The My Kids and Me Programme (Gibson and Parkinson, 2013) was a discussion-based group that aimed to improve parent relationships with their children and foster carers and included talking and listening, understanding the child's perspective and processing grief and loss. The majority of parents reported improvements in their relationship with their children; their understanding of the effects of their behaviour on them; and improvements in their capacity to manage their emotions.



Mechanisms: how does it work?

Both models aimed to support parents in a non-judgemental, strengths-based and empathetic manner. Individual support programmes drew upon attachment theory. According to Gerring et al. (2008) attachment theory is underpinned by a relational framework which offers guidance on how workers can establish a supportive relationship with parents and helps them to coach parents to develop their parenting skills and to support self-reflection. Haight et al. (2005) highlight that principles of attachment theory should be used to support parents to recognise the importance of being a consistent and sensitive parent for their child's development and for staff and parents to interpret and respond appropriately where children display separation anxiety. Haight et al. (2005) also outline the relevance of grief and trauma theories when working with parents that have had their children forcibly removed. It is important in both individual family support and group programmes that staff offer emotional support to parents that are experiencing significant loss.

Group programmes drew upon theories of stigma and empowerment when aiming to support parents to be open about their previous parenting. The perceived stigma attached to parents that have had their children removed from their care can act as a barrier to parents seeking support for their parenting. Establishing a non-judgemental environment in which parents can share their experiences can improve both parental outcomes and parent-child outcomes.

Moderators: When, where and who does it work for?

Six studies were conducted in the USA, four in Australia and two in Canada, practitioners should consider the different national contexts when applying these interventions to their own practice.

The review considered programmes aimed at children from 0-16 years, although individual studies varied in the age range targeted. Variation was also noted in the length of time the child had been in out-of-home care and whether reunification was the aim.

Programmes were conducted in a range of settings including community buildings (Kennett and Chislett 2012; Salveron et al. 2009) and office spaces designed to



represent a home environment (Haight et al. 2005; Cheung et al. 2012). Most programmes were delivered by support staff with experience of working with families and children looked after, however some programmes also included access to experienced mental health workers, such as a clinical psychologist (Gerring et al. 2008) or a psychiatrist (Haight et al. 2005). Staff delivering the intervention required an understanding of childhood developmental theory (Salveron et al. 2009) and experience of working with trauma survivors (Haight et al. 2005).

Implementation: How do you do it?

The systematic review did not provide detail on how programmes were implemented. Most individual family support programmes used pre-visit planning, coaching strategies with parents during visits and a post-visit follow up. Using this structure, a coach supports parents to prepare parenting strategies which they can use during supervised contact, provides support and guidance to parents during supervised contact and supports parental self-reflection following their supervised contact session.

Group programmes adopted structured group discussion for parents of children looked after to cover important topics to support self-reflection. Topics discussed during the group sessions included positive parenting, anger management, developing self-esteem, grief and loss, learning through play, building children's trust and confidence, and budgeting and finance.

Economics: What are the costs and benefits?

No economic analysis was reported as part of this review.



What are the strengths and limitations of the review by Bullen et al.?

Bullen et al. (2017) offers a rigorous review of the evidence on interventions to improve parent-child interactions at supervised contact visits for parents and their children looked after. The study uses rigorous criteria to assess the strength of the studies, using an adapted model developed by Hudson et al. (2010). This model enables the grading of strength of evidence using a critical assurance approach that rates studies against seven methodological criteria.

The systematic review highlights that at present, the evidence relating to supervised contact visits between a child in out-of-home care and their parents is generally weak. Given the paucity of evidence, the systematic review highlights a gap in the current literature and calls for more robust research evidence.

However, the review is clear that due to the limited evaluative methodology and lack of clarity in the outcomes presented, the presented findings should be considered with caution.

Summary of Key Points

- There is a limited evidence base as to the outcomes of supervised contact visits for children and parents or how contact can best be delivered.
- There is some limited evidence that individual family support and group programmes can improve parent-child interactions at supervised contact visits for parents and their children looked after.
- Due to the importance of contact for children and parents, as well as its significance in legislation, there is a need for more rigorous, large scale and long-term intervention studies to strengthen current evidence in this area.



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