

Contact with mothers for children in out-of-home-care: Group-based trajectory modelling



Communities
& Justice



Australian
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Background to the current project

Contact is important for children in OOHC

Factors that contribute to contact experience include

- Frequency of contact
- Child-parent relationship
- Do the arrangements meet the child's needs (currently and in the future)

There is likely to be heterogeneity in contact needs but no data

Special considerations

- Aboriginal and Torres Strait Islander background
- Foster care/kinship care
- Supervised/unsupervised contact



Our Research Questions

1. Explore longitudinal patterns in contact related to three outcomes
2. Identify factors predicting specific longitudinal patterns.
3. Examine contact-related problems associated with specific longitudinal patterns of contact



Group-based trajectory modelling (GBTM)

- Assumption that children in OOHC are **heterogenous** population
- Identification of subpopulations in a longitudinal data
- **Person-centred method** (rather than variable-oriented): focus on the individual and their experiences, widely used in **clinical practice**
- Based on a latent class analysis through maximum likelihood estimation
- The analysis yields **latent trajectory groups** as clusters of individuals who follow similar trajectories
- Number of '**decision rules**' about the optimal number of trajectories

Method

Participants

1507 children with interview data in at least one of the first four waves

Analysis

1. Group-based trajectory modelling **to identify groups of children** following similar patterns over time on three outcomes:
 - I. frequency of contact with mother. “None” to “most days”.
 - II. does child have good relationship with their mother? Yes/no
 - III. how well child’s needs are being met in terms of maintaining family relationships. 4 point scale “very well” to “not at all well”.
2. Identify **predictors of trajectory group membership** at baseline: child and carer demographics, characteristics of care and contact and protective concerns.
3. Compare **problems with contact** identified by carer for each trajectory group.

Results

Baseline sample description

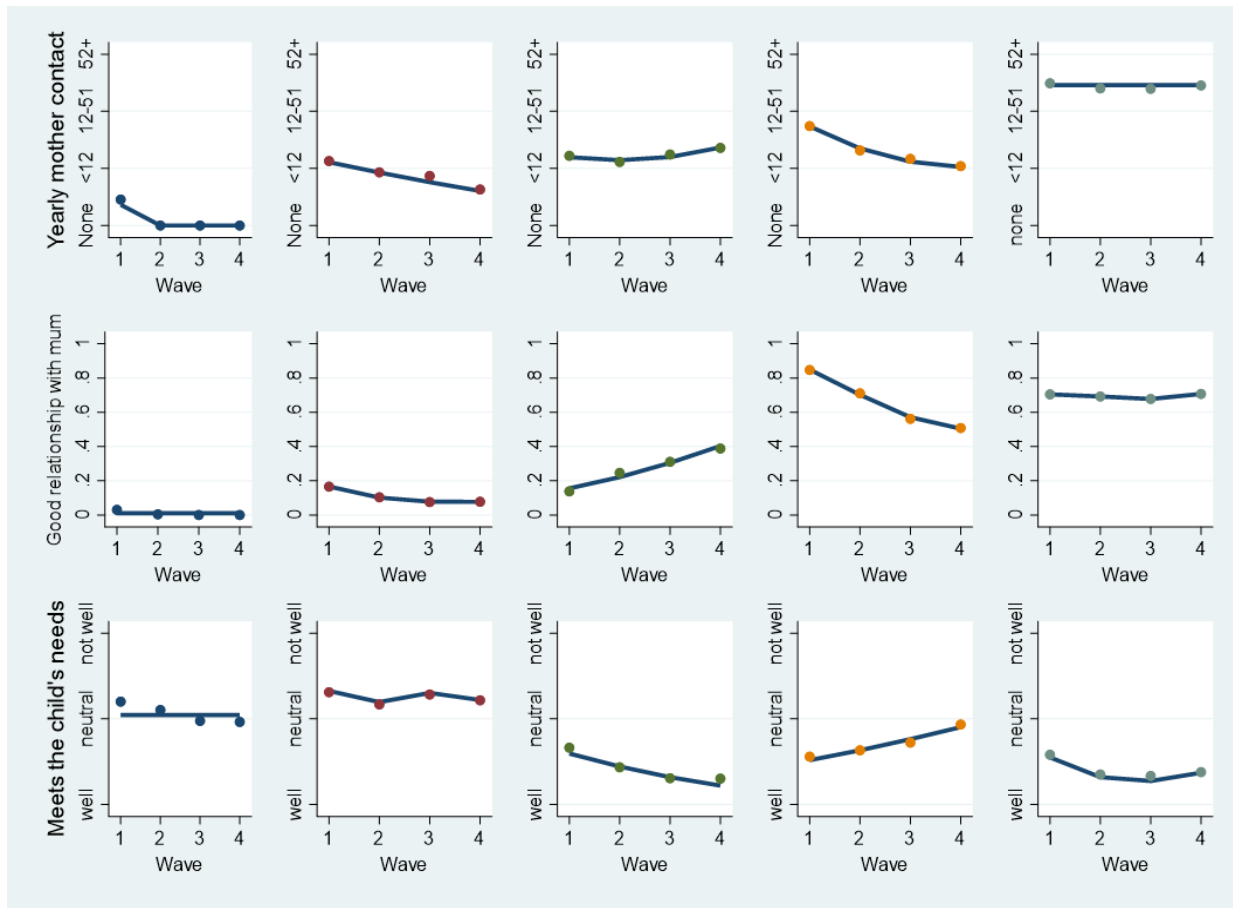
Child	%
Age in years (median)	2.0
Female	50.4
Aboriginal or Torres Strait Islander	39.9
Socioemotional difficulties	30.2
Care	%
Kinship care	46.5
3+ care placements	58.5
Live with sibling	58.4
Contact	%
Unsupervised contact with mum	8.6
Contact is working very/fairly well	81.9

Protective concerns b/f care entry	%
Physical	24.1
Sexual	4.8
Neglect	28.0
Emotional	8.9
Domestic violence	15.3
Parent mental health	12.9
Parent drug/alcohol	69.1
Carer	%
Female	91.1
Over 50yrs	39.8
Very good/excellent general health	65.1

Trajectories

Five distinct groups: Two 'poor', one declining, one improving, one 'good'

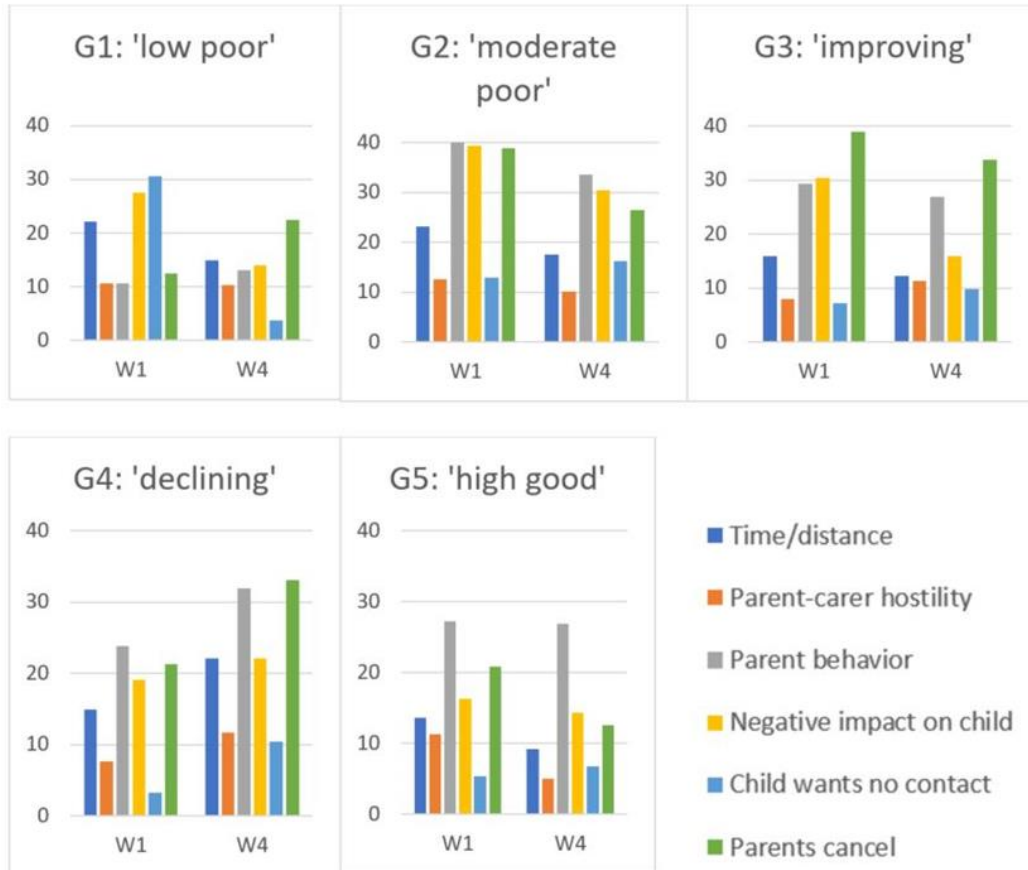
1 (14.5%) 2 (30.3%) 3 (19.8%) 4 (19.5%) 5 (15.9%)



Characteristics of groups

	‘Poor low’ vs ‘high good’	‘Moderate poor’ vs ‘high good’	‘Improving’ vs ‘high good’	‘Declining’ vs ‘high good’
Child characteristics				
Age at entry	Younger	Younger	Younger	ns
Aboriginal	Most Aboriginal	Most Aboriginal	More Aboriginal	More Aboriginal
Socioemotional problems	ns	More	ns	ns
Care/contact characteristics				
Relative/kinship care	Least likely	Less likely	Less likely	Somewhat less likely
Live with sibling	ns	ns	ns	ns
Face to face sibling contact	ns	More	More	ns
Unsupervised contact	Least likely	Less likely	Less likely	Somewhat less likely
Protective concerns prior to care				
Emotional abuse	ns	ns	ns	ns
Domestic violence	ns	ns	ns	ns
Parent drug/alcohol	ns	ns	ns	ns
Prenatal	ns	ns	ns	ns
Carer characteristics				
51+ years	ns	ns	ns	ns
Poor mental health	More likely	More likely	ns	ns
Poor general health	ns	ns	ns	ns

Problems with contact (carer report)



Main problems

- Parent cancellations
- Negative impact on child
- Parent behaviours

Overall problems tend to decline over time with some exceptions

Summary of results

Longitudinal patterns in contact were related to

- Child age at entry
- Aboriginal status
- Kinship care
- Carer mental health
- Child socioemotional health
- Problems related to contact



Implications for policy

- Substantial heterogeneity in children's contact experiences and needs within the OOHC system → policies should better reflect these needs
- Children's needs related to contact change over time → regular reviews of contact plans
- Parental contact is not always in the best interest of the child → other innovative ways to stay in touch with family of origin
- More systematic supports for carers, parents and children in contact planning and implementation
- Tailored supports to target parent cancellations, time/distance issues, understanding why child wants to cease contact



Implications for research



- Replicate results in other jurisdictions
- Examine children's data in more detail based on the trajectory model
- Develop and evaluate interventions to support contact in a needs-based way.
- Develop tools to assess contact arrangements → regular reviews
- Gather information from children directly

Thank you and any questions??

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